National Library of Canada
Acquisitions and Bibliographic Services Branch
395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale du Canada
Direction des acquisitions et des services bibliographiques
395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

Canada

UNIVERSITY OF ALBERTA

A THEORY OF ADOLESCENT SEXUAL BEHAVIOUR

BY

AUDREY JOY EDWARDS ©

A thesis submitted to the Faculty of Graduate Studies and Research

in partial fulfilment of the requirements for the degree of

DOCTOR OF PHILOSOPHY.

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Edmonton, Alberta

Spring, 1995

National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file Votre référence

Our file Notre référence

THE AUTHOR HAS GRANTED AN IRREVOCABLE NON-EXCLUSIVE LICENCE ALLOWING THE NATIONAL LIBRARY OF CANADA TO REPRODUCE, LOAN, DISTRIBUTE OR SELL COPIES OF HIS/HER THESIS BY ANY MEANS AND IN ANY FORM OR FORMAT, MAKING THIS THESIS AVAILABLE TO INTERESTED PERSONS.

L'AUTEUR A ACCORDE UNE LICENCE IRREVOCABLE ET NON EXCLUSIVE PERMETTANT A LA BIBLIOTHEQUE NATIONALE DU CANADA DE REPRODUIRE, PRETER, DISTRIBUER OU VENDRE DES COPIES DE SA THESE DE QUELQUE MANIERE ET SOUS QUELQUE FORME QUE CE SOIT POUR METTRE DES EXEMPLAIRES DE CETTE THESE A LA DISPOSITION DES PERSONNE INTERESSEES.

THE AUTHOR RETAINS OWNERSHIP OF THE COPYRIGHT IN HIS/HER THESIS. NEITHER THE THESIS NOR SUBSTANTIAL EXTRACTS FROM IT MAY BE PRINTED OR OTHERWISE REPRODUCED WITHOUT HIS/HER PERMISSION.

L'AUTEUR CONSERVE LA PROPRIETE DU DROIT D'AUTEUR QUI PROTEGE SA THESE. NI LA THESE NI DES EXTRAITS SUBSTANTIELS DE CELLE-CI NE DOIVENT ETRE IMPRIMES OU AUTREMENT REPRODUITS SANS SON AUTORISATION.

ISBN 0-612-01686-2

Canada

UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR: Audrey Joy Edwards

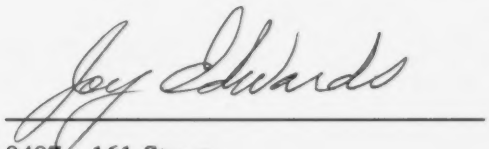
TITLE OF THESIS: A Theory of Adolescent Sexual Behaviour

DEGREE: Doctor of Philosophy

YEAR THIS DEGREE GRANTED: 1995

Permission is hereby granted to the University of Alberta Library to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly, or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as hereinbefore provided neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.



8407 - 161 Street
Edmonton, Alberta
Canada, T5R 2K7

April 21, 1995

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled A THEORY OF ADOLESCENT SEXUAL BEHAVIOUR submitted by Audrey Joy Edwards in partial fulfilment of the requirements for the degree of DOCTOR OF PHILOSOPHY.

Dr. Thomas O. Maguire

Dr. M. Ruth Elliott

Dr. Gretchen C. Hess

Dr. Dianne K. Kieren

Dr. Robert H. Short

Dr. Donald W. Knowles

April 19, 1995

DEDICATION

I would like to dedicate these pages to
the teenagers and soon-to-be teenagers in my life
whom I will always love.

Jeremy Andrew Daniel Timothy
Caleb Abby Stephen
Jesse

I pray they will continue to
grow in wisdom, understanding, and love.

ABSTRACT

Increasing numbers of adolescents are engaging in sexual behaviours and many are not protected from the unwanted consequences of sexual activity such as pregnancy, abortion, and sexually transmitted diseases (STDs). The purpose of this study was to explore through in-depth interviews, the experiences of adolescents in relation to the factors influencing them regarding Being Sexually Active (BSA) and Being Sexually Responsible (BSR). Sixteen teens volunteered to be interviewed on two occasions and some kept journals of their thoughts and experiences in relation to sexuality and sexual behaviours. A grounded theory approach combined with abductive explanatory inferentialism was used for the analysis of the interviews and a Theory of Adolescent Sexual Behaviour is proposed that is grounded in the data.

Emphasized in the theory is the important influence of the social and community environment on adolescent development, identity achievement and on their ideas regarding the place of sexual behaviours in their lives. In turn, the progress made in achieving identity significantly affects adolescents' ability to deal with the influences of society, family, friends and their social environment related to BSA and BSR.

The teens in this study who had strong identities had beliefs and values for life, goals for the future, were busy with school and involved in a variety of activities, were more skilled in developing friendships and relationships and whatever they chose in relation to BSA and BSR was consistent with who they were as persons. If they were sexually active, they tended to be committed to their partner, their relationships lasted longer, they had fewer partners, and they were

consistent in their use of Protection and Contraception Together (PACT). The consequences of their actions were generally positive and they continued to grow as persons with a strong sense of self.

The teens who had a weak identity were not as sure of themselves or who they were, were not as clear about what they believed, or where they were heading in the future. Their skills in developing relationships were not as strong and their ability to communicate with each other was poor. This often resulted in pressure to be involved sexually. Their relationships did not last very long, they tended to have several partners, and there was not the same commitment on the part of both partners to PACT. These teens were therefore at a higher risk of STDs and pregnancy, but also were more vulnerable to being used and hurt in relationships as a result. Frequently their sexual experiences resulted in feelings of confusion and a lowered sense of self esteem.

The findings of this study will hopefully raise questions about the messages teens are getting about sexual behaviours. The results reconfirm the importance of talking about sexuality within the context of knowing oneself, establishing beliefs, values and goals, and learning skills for building strong relationships. Teens need to be supported in their development of their own identity, who they are and what they believe and this will help them make decisions related to BSA and BSR that are congruent with their view of themselves.

ACKNOWLEDGEMENTS

First I would like to thank the adolescents who willingly spent time talking to me about their experiences, thoughts, and feelings in relation to a deeply personal aspect of their lives. I hope that what they have shared will result in an increased understanding of the experiences of adolescents today in their struggle to understand themselves, their sexuality, and sexual expression. Thanks also to the many people who helped recruit adolescents for my study.

I would like to express my gratitude to the many people without whom this dissertation would not have been completed. Dr. Tom Maguire, my supervisor and mentor, encouraged and supported me when it was most needed. My committee members, Dr. Dianne Kieren, Dr. Gretchen Hess, Dr. Ruth Elliott, and Dr. Rob Short guided and challenged me with their comments and questions. I am especially indebted to Dr. Dianne Kieren who willingly read several drafts and whose questions invited me to think in new ways and motivated me to write.

I would like to recognize faculty members who have contributed substantially to my education. In particular, Dr. John Mitchell's questions and comments about my research, his books and his grasp of the spirit of adolescents today continue to stimulate my thinking. I am especially grateful to Dr. Todd Rogers, who almost two decades ago opened my eyes to research and the field of measurement and whose encouragement prompted me to return for doctoral study. I also want to thank Lana, Rena, and Merle whose smiles and genuine support eased my way through many of the practical aspects of graduate school.

I value my classmates with whom I shared the experience of graduate school and who added to the enjoyment of the journey. Support also came from colleagues and friends at the Edmonton Board of Health and I am thankful for their encouragement and for leave to pursue this study.

The encouragement and understanding of my friends both near and far is deeply appreciated. I am particularly indebted to my friends and research assistants, Mary and Nola, who gave much of their time to read and reread interviews, who helped me code the data and through much discussion and review of drafts, bring this dissertation to life. They added humour to the process and I could not have done it without them. I am thankful to Ellie, my biggest critic, who stood beside me in support and friendship and prepared many good meals to keep me going. Carole helped to clarify my thinking about theory development and grounded theory methods at a timely phase of the study.

My family have helped to provide my foundation for life. Mom and Dad have always loved and believed in me and that has given me the strength and confidence to pursue new challenges. Bruce, my brother and fellow student, Elizabeth, my sister, and their families have loved, supported and encouraged me through the process of graduate school and completion of this study.

This research was supported in part by a National Health Research and Development PhD Scholarship, a Walter H. Johns Graduate Fellowship, and a student grant from the Alberta Foundation for Nursing Research.

TABLE OF CONTENTS

CHAPTER ONE
A THEORY OF ADOLESCENT SEXUAL BEHAVIOUR 1
Introduction 1
Purpose of the Study 4
Researcher's Perspective 5

CHAPTER TWO
LITERATURE REVIEW 6
Introduction 6
Adolescent Sexual Behaviour and The Consequences 7
Theoretical Models 13
The IMB Model for AIDS-Risk Reduction Behaviours 13
Contraceptive Use Model 17
Additional Theories 20
Concepts from General Theories of Adolescent Sexuality 21
Conclusion 26

CHAPTER THREE
METHOD 27
Obtaining the Sample 29
The Interviews 31
Journals 35
Data Analysis 35
Reliability and Validity 37
Credibility 37
Transferability 38
Dependability 38
Confirmability 39
Ethical Considerations 39

CHAPTER FOUR
RESULTS AND DISCUSSION
WHAT INFLUENCES ADOLESCENT SEXUAL BEHAVIOURS? . 41
The Participants 42
Theory of Adolescent Sexual Behaviour 45
Achieving Identity 48
Context (Foundation) 51
Introduction 51
Society 52
Family 55
Peers/Friends 66

Activities and Risky Behaviours 74
School 79
Sex Education in the School 80
Religion & Beliefs 84
Personal Perspective (Covariance) 87
View of Self 88
Perspective on Life and Beliefs 94
Relationships, Love, and Sex 98
Intentions (Contingent) 103
Intentions Regarding Being Sexually Active 105
Save Sex For Marriage 105
Wait For The Right Person and For Both People To Be Ready And Want To Be Sexually Involved 105
Mutual Consent 107
Intentions Related to Being Sexually Responsible 109
Protection and Contraception 109
Relationships and Situations (Conditions) 110
Relationships 111
Situations 118
Reasons and Accounts (Causes) 121
Reasons For Being Sexually Active 122
Reasons For Waiting 122
Love, Physical Attraction, and Curiosity 124
Pressures 124
Anticipating Outcomes 129
Making An Impression 130
No Choice 131
Other Reasons 132
Reasons Related to Being Sexually Responsible 132
Partner Support 133
Desire To Be Pregnant 134
Not Being Prepared 135
Alcohol and Drugs 135
Access To Birth Control and Protection 135
Consequences (Results) 136
Consequences of Being Sexually Active 136
No Problems 136
Loss of Virginity 136
Reputation 137
Easier After The First 138
Deceive Parents 139
Emotional Aspects 140
Positive Emotions 140
Hurt 141
Confused 142
Conflicts 143

Regrets 143
Displeasure 145
Consequences of Being Sexually Responsible 146
No Unwanted Consequences 146
Pregnancy and STDs 146
Worry and Stress 149
Dealing With The Consequences 150
Summary 151

CHAPTER FIVE
THEORY OF ADOLESCENT SEXUAL BEHAVIOURS AND DISCUSSION OF RELATED LITERATURE 153
Introduction 153
Theory of Adolescent Sexual Behaviour 154
Strong Sense of Identity 156
Weak Sense of Identity 163
Summary 169
Related Literature and Discussion 172
Studies in Sexuality 173
Living In Context 175
Society 175
Family/Parents 178
Peers/Friends 180
Sex Education in the Schools 181
Religion/Beliefs 184
Adolescent Identity Development 184
Identity and Intimacy 189
Establishing Intentions 191
Relationships and Risky Behaviours 193
Other Issues 195
Males and Females 195
Pressure/Abuse 196
Love Addicts 197
No regrets 198
Theoretical Models 200

CHAPTER SIX
CONCLUSIONS AND DISCUSSION 203
Introduction 203
Strengths and Limitations of The Study 205
The Method 205
The Sample 206
The Researcher 208
Conclusions 211

References 213

APPENDIX A	FACTORS INFLUENCING ADOLESCENT SEXUAL BEHAVIOURS RESEARCH QUESTIONNAIRE	222
APPENDIX B1	ADOLESCENT SEXUAL BEHAVIOURS AND SEXUAL RISK REDUCTION BEHAVIOURS DESCRIPTION OF THE RESEARCH PROJECT	227
APPENDIX B2	RESEARCH PROJECT	229
APPENDIX B3	ADOLESCENT SEXUALITY AND SEXUAL RISK REDUCTION BEHAVIOURS CONSENT FORM FOR PARTICIPANTS	230
APPENDIX C	SAMPLE TOPIC AREAS AND QUESTIONS FOR THE SEMI-STRUCTURED INTERVIEWS	231
APPENDIX D	DESCRIPTIONS OF THE ADOLESCENTS AND THEIR EXPERIENCES	234
APPENDIX E1	CODES USED FOR THE ADOLESCENT SEXUALITY STUDY	245
APPENDIX E2	CODES FOR THE THEORY OF ADOLESCENT SEXUAL BEHAVIOUR	249

TABLES

Table		Page
1.	Description of Participants and Date of The First Interview	44
2.	Adolescent Sexual Behaviour	50

FIGURES

Figure		Page
1.	Adolescent Sexual Behaviour	46
2.	Experiences of Participants with a Strong Sense of Identity	158
3.	Experiences of Participants with a Weak Sense of Identity	164
4.	Pattern of Sexual Activity and Consequences For Those First Involved Through Pressure and/or Abuse	168
5.	Theory of Adolescent Sexual Behaviour	169

CHAPTER ONE

A THEORY OF ADOLESCENT SEXUAL BEHAVIOUR

> **Of bodily desires it is the sexual to which they are most disposed to give way, and in regard to sexual desire they exercise no self restraint... They are passionate, irascible, and apt to be carried away by their impulses... Youth is the age when people are most devoted to their families or relations or companions... If the young commit a fault, it is always on the side of excess and exaggeration... for they carry everything too far, whether it be their love or hatred or anything else.**
>
> **(Aristotle 300 BC, cited in Atwater, 1983)**

Introduction

In our times, increasing numbers of adolescents are engaging in sexual behaviours and many are not protected from the unwanted consequences of sexual activity. This makes it essential to understand the factors influencing these behaviours. In this dissertation I explored, through in-depth interviews, the experiences of adolescents in relation to the factors influencing them regarding Being Sexually Active (BSA) and Being Sexually Responsible (BSR).

My interest in this area arose from my work in Public Health and concern that, although sex education courses were now available in schools, the problem of teenage pregnancy, abortion, and sexually transmitted diseases (STDs) was just as big a problem as it had been a couple of decades ago. Also, a large number of published articles have promoted the belief that sexual activity among adolescents is natural and the only concern for health professionals should be related to teaching adolescents to practice "safer sex". This safer sex approach does not appear to have been very successful and more understanding of the influences and experiences of

adolescents in relation to sexual activity and sexual responsibility was required. I wondered if the social norms as perceived by adolescents had created such a tolerance for sexual exploration that some adolescents were engaging in sexual activity before they had developed strong relationships and before they were ready to take responsibility for their sexual activity.

The frequency of unwanted pregnancies, abortions, and STDs among adolescents has led to many prevention programs and theoretical models describing the important factors influencing adolescents in relation to sexual behaviours and sexual risk reduction behaviours. A review of the literature, as presented in Chapter Two, indicated that despite the increase in sex education programs for adolescents in schools and communities, a high proportion of teens have unprotected sex. Although the literature presents several theoretical models explaining sexual risk behaviours, few have been tested with adolescents and few studies have documented, from the perspective of adolescents, the complexity of factors and influences on their lives with respect to sexuality. In addition, the models are not comprehensive but have focused on a variety of behaviours such as sexual behaviours, contraceptive use, AIDS-Risk Reduction behaviours. Depending on the theoretical perspective, they have included a variety of determinants for the behaviour under consideration. In the absence of a comprehensive model examining the factors that influence adolescent sexual behaviours, it is difficult to develop effective intervention strategies.

The literature review revealed the need for examining the question from the perspective of adolescents themselves. Therefore I used a grounded theory approach

(presented in Chapter Three) to investigate the experiences of adolescents. After analyzing the interviews and the factors influencing their sexual behaviours and sexual risk reduction behaviours I wrote a description of their experiences and proposed a Theory of Adolescent Sexual Behaviour that is grounded in the experiences of adolescents.

The sample of 15 - 18 year old youth varied by gender and sexual experiences and included some who had been sexually active as well as some who had not yet engaged in sexual intercourse. I recruited the respondents through community agencies, a family physician, a conference attended by youth, and from a school in the Edmonton area. Six males and ten females took part in the study. Of the sample, three males and eight females had had sexual intercourse with at least one partner. I interviewed all of the teens on two occasions, three to six months apart, about their thoughts and experiences. I also asked them to keep a journal during the time between the first and second interviews. The journal entries were to focus on their relationships, thoughts, feelings, and experiences related to sexuality and sexual behaviours. The second interview provided an opportunity for the adolescents to comment on whether my interpretation of the first interview was consistent with their understanding of what they had wanted to say. The second interview was also helpful in identifying any changes in thoughts, experiences and behaviours that occurred since the first interview.

I used selected theoretical models described in the literature to guide the development of the questions for the semi-structured interviews. The interview guide

was pilot tested with two adolescents and modified accordingly. I used a grounded theory approach (Glaser, 1978) to analyze the transcripts of the semi-structured interviews and journals and developed a Theory of Adolescent Sexual Behaviour.

Purpose of the Study

The purpose of the study was to describe adolescent sexual behaviour and to propose a comprehensive Theory of Adolescent Sexual Behaviour. The primary goal was to further the understanding of these behaviours and not simply to identify individuals at risk. Walters, Walters, and McKenry (1990) state that a model of high risk in respect to adolescent pregnancy has not yet been developed. They suggest that an appropriate model would likely be a complex one possibly including a model to predict early dating and a model for effective contraceptive use. John Mitchell (1992) emphasized that there is a lack of understanding about why teens get involved sexually and why they sometimes fail to use protection.

My hope is that the development of a comprehensive Theory of Adolescent Sexual Behaviour will lead to increased understanding of teen sexual behaviour, which in turn will contribute to the development of appropriate interventions that will delay the onset of early sexual activity and reduce the unwanted consequences of unprotected sexual intercourse. The model that is proposed as a result of this study is compared to existing theoretical models.

This study is presented with the literature review in Chapter Two and discussion of the method in Chapter Three. Findings are presented and discussed in

Chapters Four and Five. The purpose of the study was to describe the influences on sexual behaviour as reported by the adolescents and to propose a Theory of Adolescent Sexual Behaviour. The experiences of the adolescents are described in Chapter Four using the six C's method suggested by Glaser (1978). While Chapter Four is focused on explication of the experiences of the adolescents, components of the model and core category, Achieving Identity, are also presented. This provides a rich background for the presentation of the theory in Chapter Five. Chapter Five includes the findings from this study discussed within the context of other studies. Chapter Six includes a summary of the study examining the strengths and weaknesses and recommendations for further study are proposed.

Researcher's Perspective

Public Health professionals continue to be concerned about the sexual behaviours of teens that lead to pregnancies, abortions, and the spread of STDs. These problems have continued despite the increase in sex education programs and the availability of contraception and protective methods. I have approached this study from a public health perspective with a desire to gain more understanding of the factors influencing teens today in relation to their sexual behaviours. I hope that the results of this study will help those working with teens in the area of sex education and will help to emphasize the importance of considering sexual behaviours within the context of relationship and love.

CHAPTER TWO

LITERATURE REVIEW

Introduction

There are differences of opinion regarding the extent of literature review that should be conducted prior to a qualitative research study (Field & Morse, 1985; Strauss & Corbin, 1990). The most extreme perspective is that to prevent bias and/or preconceived ideas, no literature review should be done prior to the study (Glaser, 1978). This approach may not succeed in eliminating bias as it is recognized that researchers are not completely objective and all approach the research with some background and ideas whether they originated from the literature or elsewhere. The importance of acknowledging any background in the literature and using that to enhance the research study and the analyses is recognized by Strauss and Corbin (1990) who suggest that the literature may be helpful in suggesting questions to ask the respondents and may increase theoretical sensitivity by making researchers more sensitive to what to look for in the data. Field and Morse (1985) recommend a critical review of the relevant literature so that it may be used to guide yet not constrain the researcher. For this study I used a combined approach of reviewing relevant literature and allowed it to guide the investigation and yet still permitted me to reflect on the data in light of the existing literature. Additional literature was reviewed following analysis and compared to the findings of the study and is presented in Chapter Five.

In the review of the literature I focused on documenting what is known about

adolescent sexual behaviour and the consequences of unprotected sexual intercourse. Theoretical models used to examine the factors related to sexual behaviours and sexual risk reduction behaviours are also reviewed. Two models are discussed in depth as they incorporate many of the components of other models. One model focuses on AIDS-Risk Reduction (the IMB Model, Fisher & Fisher, 1992), while the other focuses on Contraceptive Use (the Contraceptive Use Model, Herold, 1984). The review also includes a discussion of additional relevant factors from other models, theories, and research reports thought to influence adolescents' sexual behaviours and sexual risk reduction behaviours.

Adolescent Sexual Behaviour and The Consequences

The transition from childhood to adulthood has been labelled "adolescence" since the early 1900s and is characterized by rapid physical changes and demands for social, intellectual, and emotional growth. Biologically, puberty occurs now at just over 12 years of age as compared with 17 years of age in 1840 (Shen, 1982). Adolescents in North America are not socially and economically able to efficiently take on the parenting role until late adolescence or early in their twenties and thus the gap between puberty and independence is of several years duration (Peterson, 1988). Today's adolescents are faced with a society where the attitudes and behaviours towards sexuality and sexual behaviour have changed dramatically over the past two to three decades. Attitudes towards sexual intercourse have become more permissive and tolerant and today sexual behaviour generally occurs earlier in

age, more frequently, and often with more varied sexual experiences and a variety of partners (Bibby & Posterski, 1992; Fisher & Fisher, 1992; Genuis & Genuis, 1993). With the change in attitudes and behaviour over the past several years and the threat of AIDS, there have been increased efforts in sex education and increased availability of contraceptives, particularly for adolescents. Despite these changes, many adolescents have unprotected sex resulting in unwanted pregnancies, and sexually transmitted diseases (STDs). There is a desperate need to have a better understanding of the factors affecting the sexual behaviours of adolescents so that they can be guided to make wise decisions in the area of sexuality and be supported in the process of becoming healthy human sexual beings.

The changing view towards sexual activity in North America is reflected in a variety of surveys on attitudes and behaviour related to sexual activity. In the Canada Youth and AIDS Study, a survey of 38,000 Canadian young people from Grades 7, 9, 11, and 1st year university or college, only 13% of grade 11 and 12% of first year post secondary students thought that unmarried people should not have sex while almost 80% reported that they thought it was "OK" to have sex before marriage if you are in love (King et al., 1988). Half of the students from these grades reported that sex without love is not satisfying and only 20% of grade 11 and 13% of 1st year post secondary students thought that most people could be trusted to tell the truth about their past sex life (King et al., 1988). This raises a question of the quality of relationships when adolescents have sex without love and when there is little expectation for honesty concerning a person's sexual history. This lack of

trust emphasizes the necessity that adolescents learn to protect themselves from the unwanted consequences of sexual intercourse.

An increasing proportion of teens are becoming sexually active at young ages and many have unprotected sex. In the Canada Youth and AIDS study, it was reported that 25% of grade nine, 47% of grade eleven, and 75% of first year university or college students reported that they had had sexual intercourse at least once (King et al., 1988). The proportion of males was slightly higher than that of the females at each grade level. In a survey of more than 1,200 high school students in Nova Scotia, the proportions reporting having had sexual intercourse were 40% of those ages 13 - 15, 60% of those 16-17 , and 82% of those 18 or 19 years of age (Langille, Beazley, Shoveller, & Johnson, 1994).

The proportion of adolescents using reliable methods of contraception is low. In a study of adolescents attending a birth control clinic where it was found that only 20% of adolescents coming for birth control had not yet had sexual intercourse; 59% waited at least six months after having intercourse, and 37% waited at least a year (Herold, 1984). According to the Canada Youth and AIDS Study (King et al., 1988), of those university and college students who reported that they often had sex, only 19% of the males and 11% of the females reported always using a condom and 44% reported that they thought that condoms interfered with sexual pleasure. In a study of senior high students in a North Central Alberta municipality, 41% were considered sexually active and of those students 64% reported having 2 or more sexual partners and 41% of the sexually active stated they if they did, it was only

occasionally that they used condoms (Varnhagen, Svenson, Godin, Johnson, & Salmon, 1991). In the Nova Scotia survey previously mentioned, 35% reported always using a condom and an additional 20% used a condom almost always (Langille et al., 1994).

The obvious consequences of increased sexual activity, much of which is unprotected, are unwanted pregnancies, abortions, STDs, and personal and family disruption. In 1985, an estimated 36,000 Canadian adolescents became pregnant, 22,000 adolescents gave birth and approximately 14,000 had abortions (Fisher, 1989). Abortion data tends to be under-reported and therefore the number of pregnancies could be even greater. The live birth rate for unmarried females age 16-19 years in Alberta has ranged from 29 per 1000 in 1981 to 32.6 per 1000 in 1987 and the rate for Edmonton has stayed slightly above the Alberta rate while Calgary's rate has been consistently almost 10 per 1000 less than in Edmonton (Alberta Health, 1989). In Edmonton for 1991, the live birth rate for unmarried females aged 16-19 years of age was 46 per 1000 and in addition 48 babies were born to teenagers of ages 13 through 15 years of age (Edmonton Board of Health, 1992). The live birth rate underestimates the number of teenagers who get pregnant as it does not account for spontaneous or therapeutic abortions.

In addition to pregnancies, STDs are a concern with over 1,000 cases of gonorrhoea and almost 3,000 cases of chlamydia reported among adolescents in 1987 (Alberta Department of Community and Occupational Health, 1987). While there is not a high number of known cases of HIV positive or AIDS cases among

adolescents, there is a concern that the virus could be spreading with the increased sexual activity and a variety of sexual partners. In 1989, 20% of Canadian AIDS patients were between 20 and 29 years of age and could well have been infected as adolescents (Fisher, 1989). The unwanted consequences of unprotected sex result in high costs to individuals, families, and society in relation to health, emotional, social, and economic costs.

The dramatic changes of the past few decades are alarming and we are recognizing the limitations of our own knowledge. Society and parents have serious concerns for adolescents and yet, society as a whole seems at a loss to know how to guide its teenagers, save to encourage them to protect themselves. Society seems to have accepted the change in social norms surrounding premarital sex in general and specifically for adolescents. How has this change occurred? The pervasive influence of the media has likely had a strong influence on society's acceptance of new norms. Have adolescents learned through their own experiences that sexual promiscuity is acceptable for adults in their own families and among their friends and is therefore also acceptable for them? The development of the birth control pill did much to free adults from the concern of unwanted pregnancies which in turn seems to have led to a more promiscuous society. Divorce rates have increased, premarital sex for single adults is almost an expectation, and adolescents learn from adults. But is it inevitable that the trends will continue? Some are recommending that it is possible to reverse the trend for adolescents and that it is important to do so (Richard, 1990). Do adolescents want to be sexually involved at such early ages?

The results of one study indicated that about one third of the sexually experienced adolescents were disappointed or dissatisfied with their sex lives (King et al., 1988). Are social psychologists more concerned with documenting what is, rather than asking the question, "What is best for adolescents and their healthy development?". In the absence of a widely accepted belief system or philosophy, the description of "what is" becomes the definition of the "norm" or "normal" behaviour. Has society abdicated its responsibility to guide children in their development to adulthood?

We need a better understanding of the factors that influence adolescent sexual behaviours. Several theoretical models which vary in focus have been developed for the conceptualization of factors influencing adolescent sexual behaviours and sexual risk reduction behaviours with the aim of increased understanding of this important aspect of human life. The theoretical models have led to research in this area and to recommendations regarding comprehensive sex education and counselling programs, often integrated with easy access to birth control clinics or health centres where contraceptives are available (Barth, 1989; Fisher, 1990; Lindemann, 1974; Richard, 1990; Spain, 1988). In a review of interventions aimed to reduce the risk of AIDS, Fisher and Fisher (1992) found that most interventions did not have a conceptual basis but were based on experience in the area and on logical formulations. Flora and Thoresen (1989) argue that although there is no clear theoretical foundation and there are differing perspectives on intervention, a comprehensive strategy for AIDS prevention with adolescents is

required and one of the components for an effective strategy is that the intervention should have a theoretical base that "explains human behavior as the ongoing interaction of cognitive, behavioral, physiological, and sociocultural (contextual) influences" (p. 374).

Fisher and Fisher (1992) presented a model for AIDS-risk-reduction that contains some of the components suggested by Flora and Thoresen (1989): "preventive behaviour is a function of people's information about AIDS, their motivation to reduce AIDS risk, and their behavioral skills for performing the acts involved in AIDS-risk-reduction" (p. 470). Preliminary tests of the model have been done with a sample of gay men and a sample of heterosexual university students. The model holds promise in relation to AIDS-risk prevention behaviour, accounting for 35% of the variance with the sample of gay men, but only 10% of the variance with the university student sample and has not been tested with high school students (Fisher & Fisher, 1992). In addition, Fisher and Fisher's model is specifically designed to model AIDS-risk reduction behaviours and may not be applicable as a general model for all sexual risk reduction behaviours, especially with an adolescent population who may not think they are at high risk for getting AIDS.

Theoretical Models

The IMB Model for AIDS-Risk Reduction Behaviours

The recently developed model proposed by Fisher and Fisher (1992), has focused on three major factors thought to determine AIDS-Risk Reduction

Behaviours: Information, Motivation, and Behavioral Skills has been referred to as the IMB model. Although the model focuses on AIDS-Risk Reduction Behaviours, it is a useful model for considering all sexual-risk-taking behaviours as the behaviours necessary for reducing the risk of AIDS are also important for reducing the risk of other STDs and pregnancy.

It is important to consider the components of the model before considering additional factors from other models or theories that might also have an impact on adolescent sexual behaviours. Information has long been recognized as an important aspect in preventive behaviour. The fact that information alone is not often sufficient for behaviour change is emphasized. The importance of practical, relevant information regarding how AIDS is transmitted and how the spread of AIDS can be prevented is stressed. Fisher and Fisher (1992) argue that studies examining the relationship between knowledge and prevention have not always measured knowledge and prevention with the same level of specificity and that knowledge is often over estimated by the use of multiple choice items. The type of knowledge that is required for the prevention of AIDS is knowledge readily available without the prompting of possible answers in the form of multiple choice responses and therefore it is important that the knowledge being considered is practical and relevant and that it be measured so that it is a valid measure of the actual knowledge.

Motivation is considered essential for initiating and maintaining effective preventive practices. The motivational construct used in this model is from the

Theory of Reasoned Action proposed by Fishbein and Ajzen (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). The theory was selected as it "helps to pinpoint the specific motivational determinants of AIDS-risk behaviour and of intentions to change such behaviour" (Fisher & Fisher, 1992, p. 467). According to the Theory of Reasoned Action, behaviour is a function of a person's intention to perform the behaviour, which is a function of the person's attitudes and perception of the person's subjective norms. Attitudes are considered to be a function of the person's beliefs about the consequences of a behaviour multiplied by the person's evaluation of the consequences. The subjective norms are a function of the behavioral expectations which important reference groups or individuals are perceived to hold multiplied by the person's motivation to comply with the expectations. The authors argue that some of the factors in the Health Belief Model such as perceived susceptibility and perceived costs and benefits of prevention show inconsistent results when related to prevention behaviours (Fisher & Fisher, 1992). Thus they suggest the Theory of Reasoned Action as it represents a unified social psychological conceptualization of factors influencing behaviour and therefore they argue that it is not necessary to measure all the variables influencing attitudes and subjective norms.

The third component of the IMB model is Behavioral Skills. According to the model, Information and Motivation are relatively independent constructs and in addition to having a direct effect on AIDS preventive behaviours, both work through Behavioural Skills to promote preventive behaviours (Fisher & Fisher, 1992). These

steps have been fully described in Fisher's earlier work (Fisher, 1990, 1989, 1984). The behavioural skills for AIDS-Risk Reduction are identified as self-acceptance of sexuality, acquiring behaviourally relevant information, discussing and negotiating AIDS prevention with your partner, public prevention acts such as the purchase of condoms, and the skill to consistently practise AIDS prevention and to reinforce this behaviour with yourself and your partner. Fisher and Fisher (1992) suggest that the model could be generalized to any population of interest but emphasize that the content in the constructs should be pertinent to the target population.

Although Fisher and Fisher's (1992) model is specifically designed to model AIDS-risk reduction behaviours it may be a helpful model for all sexual risk reduction behaviours for the adolescent population. In order to use the model for a broader range of sexual risk reduction behaviours, the constructs of the model would need to include relevant content. For example, the Information component, in addition to AIDS related information would also need to include practical relevant information about pregnancy and other STDs. The Motivation construct would need to include assessment of subjective norms and attitudes related to the variety of sexual risk reduction behaviours. The Behavioral Skills construct would need to include any additional skills that are specific to the behaviours for pregnancy and STD risk reduction. The model also tends to have a negative focus on risk reduction rather than toward healthy sexual behaviour.

Contraceptive Use Model

The Contraceptive Use Model, adapted from the Health Belief Model by Herold (1984) is used to examine factors influencing the use of contraceptives. This model, while focusing on contraceptive use, identifies additional important factors to consider. Several personal factors were associated with contraceptive use such as older adolescents with higher self-esteem were more likely to use effective means of contraception (Herold, 1984). Adolescents who were religious were less likely to be involved in sexual intercourse although if they did get involved, they tended not to be prepared for prevention and were likely to feel guilt which could deter them from contraception in the future.

The construct of Sexual Attitudes and Behaviour refers to general attitudes about sexual behaviours, such as intercourse outside of marriage rather than specific attitudes about performing preventive practices as in the IMB Model (Fisher & Fisher, 1992). The importance of the broader attitudes about sex and sexual activity have also been supported by Fisher (1990, 1989). It does seem particularly important with adolescents to have a measure of sexual activity and behaviours as those who are not or rarely sexually active may not fit a model describing factors relating to risk reduction behaviours. Herold (1984) found that those who were effectively using contraception were more likely to have positive attitudes towards sex, have frequent sex, and have multiple partners. It seems natural that those having more frequent sex and with multiple partners would be at a higher risk of pregnancy and STDs and therefore would be the most concerned to take protective action.

The attitudes of significant others such as parents, friends, and one's partner toward contraception have a strong influence. Adolescents effectively using contraception were more likely to have parents and friends who approved of premarital sex and contraception, they were involved in a committed relationship and had discussed contraception with their partners (Herold, 1984). This concept is more completely captured in the motivation component of the IMB Model.

Education about contraceptive methods and the availability of oral contraceptives are also important parts of the puzzle. This element is in the form of practical information and is contained in the Information part of the IMB Model. Some may have inaccurate information or false beliefs (Allgeier, 1983; Herold, 1984; King et al., 1988) and others may know a lot of detail about contraception but not know how to put their knowledge into action in a practical way. The maturity of the adolescent's cognitive processes may also affect their ability to take preventive action and the ability to conceptualize and plan is necessary for prevention. Yoos (1987) suggested that although adolescents may have the relevant information, they may lack the cognitive and behavioral skills necessary to use the information. If adolescents have false beliefs or do not believe they are at risk of pregnancy or STDs, they probably will not take preventative action.

The Perceived Susceptibility to Pregnancy construct is two fold for adolescents as they first must consider their likelihood of having intercourse before considering their susceptibility to pregnancy. Several researchers have found that those who do not believe they should have sexual intercourse will not be prepared

for prevention and that if they do have sexual intercourse, they will deny the possibility of having intercourse again and therefore not prepare for the next time (Herold, 1984). Some adolescents may not believe they will get pregnant and therefore not take precautions. "I never thought it could happen to me. I only thought older people got pregnant" (Herold, 1984. p. 92). Perceived Seriousness of Pregnancy is another motivating factor. Herold (1984) found that few adolescents wanted to become pregnant and that about 90% worried at some time about being pregnant. This portion of the model is similar to the attitude concept in the Theory of Reasoned Action as described in the IMB Model where the perception of the likelihood of getting pregnant and an evaluation of the perceived consequences of getting pregnant would be assessed.

The variables included in the construct, Psychological Costs of Contraception, also have an effect on contraceptive use. These are similar to those suggested by Fisher (1990) regarding the structural and psychological barriers to prevention where the psychological barriers to prevention include barriers related to emotions, cognitions, and fantasies. Adolescents who are positive towards sex (erotophilic) and are sexually active are more likely to be able to follow through on the steps for prevention (Fisher, 1989, 1990). Those who think they should not be sexually involved and believe they will not be, are not likely to be prepared for sexual intercourse when it occurs. Those who are negative in their feelings toward sexuality (erotophobic) are more likely to have difficulty following through on the steps to prevention (Fisher, 1990).

The theory suggests that a cue to action is necessary and this cue may be the influence of family and friends or often may result from a delayed menstrual period and feared pregnancy that cues the adolescents to take action in the future. This concept may be of particular importance when working with adolescents.

Additional Theories

Byrne (1983) has developed the Sexual Behaviour Sequence where external stimulation and internal processes interact to predict the behaviour. The internal processes help to interpret and mediate the external stimuli and influence the activity of purchasing contraceptives, making a date or other activities that may lead to sexual activity. The model incorporates many of the components of both Herold and Fisher and Fisher's views of sexual behaviour. Byrne (1983) also points out that the less rational aspect, physiological response, may lead to intense arousal and "short-circuit" the entire system (p. 26). Byrne (1983) also emphasizes that the model does not remain static but the outcome provides feedback in all areas depicted in the model and may affect future sexual behaviour.

A social psychological process or model for predicting contraceptive use and the type of contraceptive chosen has been developed by DeLamater (1983). While premarital sexual standards and the intimacy of the relationship are important in the model, the frequency of intercourse is seen as the major motivating factor in the use of contraception. These concepts are similar to the sexual attitudes and behaviours of Herold's model (1984) with the added emphasis of the strength of the relationship.

Concepts from General Theories of Adolescent Sexuality

The period of adolescence is characterized by fast physical changes and also includes demands for social, intellectual and emotional growth. Although G. Stanley Hall described adolescence as a period of "storm and stress" (Muuss, 1964, p. 16), he also saw adolescence as a time of "new birth" when human traits such as love and altruism could be developed and yet where these traits would oscillate between contradictory tendencies (Atwater, 1983; Muuss, 1964). "Adolescence is a new birth, for the higher and more completely human traits are now born" (Hall, 1904, p. xiii). The factors influencing sexual behaviours are many and sometimes contradictory to each other. The physical and emotional drives for sexual intimacy must be considered together with the social, emotional, and loving aspects of a relationship.

John Mitchell (1986) has summarized various theories about the factors influencing adolescent sexuality into helpful categories including personality factors that encourage sexuality, those that discourage sexuality, the unconscious desire to become pregnant, the interrelationship between intimacy and sexuality, and the desacralizing or dehumanizing of sexuality. Personality factors that encourage sexuality include the need for intimacy, first stressed by Harry Stack Sullivan (Mitchell, 1986). Sullivan defined basic needs for intimacy and physical love in an interpersonal way rather than primarily in biological terms (Sullivan, 1953). Sullivan thought that in pre-adolescence, sometime before 12 years of age, there was an increasing sense of the need for intimacy which, at that age, would be satisfied with members of the same sex. Sharing themselves with others of the same sex would

increase their sense of self worth and precede the establishing of intimacy with members of the opposite sex. Reaching out for intimacy involves some sense of risk and yet failing to reach out leads to loneliness. Sullivan thought the sexual maturation of early adolescents or early teen years meant there was a need to integrate the physical aspects of love with the need for interpersonal intimacy and thought the storm and stress of adolescence came from a struggle to relate the physical demands of sexuality, intimacy, and the need for security (Sullivan, 1953). Thus the need for emotional intimacy encourages love and physical sexuality.

Belonging is a powerful need for all humans and is clearly an influence in adolescence. Teens want to belong and as they get together in groups a sense of belonging results. The close affiliation with the group can encourage sexual expression especially if they perceive that by engaging in sexual behaviours they will continue to be accepted by the group. Maslow emphasized that sexual behaviour is not only motivated by sexual needs but also by needs of love and affection (Hergenhahn, 1990). The need to dominate or the need to be submissive may play a role in encouraging sexual behaviours. Curiosity about sex and the desire to be competent sexually may also encourage sexual activity. Sexual passion is a strong force both physically and emotionally. Some adolescents engage in sexual activity partly because they want to rebel against their parents or do the opposite of what is expected of them (Mitchell, 1986).

The factors that discourage sexual activity include moral reasons, fears and anxieties, and partner availability (Mitchell, 1986). Moral reasons may include

reasons based on religious beliefs or on philosophy, others may be learned from parents or other adults, and some may be learned through personal experience. Bandura's social-learning theory emphasizes the importance of social environmental factors on behaviour and that modelling is a major factor in learning behaviours (Bandura, 1977). Bandura suggested that children and adolescents observe and imitate the behaviour of others, especially their parents (Atwater, 1983). Adolescents do not necessarily hold the same beliefs as their parents and this can lead to tensions. A commonly held belief today is that a couple should be in love before they have sex and/or that the relationship should be monogamous. This may lead to serial monogamy where relationships are loving, but short in duration, before one partner moves to the next "monogamous" relationship. Spranger emphasized the importance of knowing oneself and establishing one's own belief system (Muuss, 1964). The three areas Spranger thought were observable in the development of the adolescent psyche were the discovery of the self, which includes challenging all ideas and relationships and the traditional beliefs of family and society as well as an increased need for interpersonal relationships and recognition socially, and a need to test the individual's personality and to be challenged by the questions "Who am I?". A second aspect of psyche development is the formation or development of a life plan where the adolescent sets goals for himself in relation to the future. A third area is the need to develop a personal value system and belief system on which to base one's life (Muuss, 1964). These tasks are not often accomplished in early or mid-adolescence.

Fears and anxieties may decrease sexual activity due to fear of the unwanted consequences of sex, fear of a bad reputation, fear of disapproval from important others, and for some it may include fear of rejection. If a suitable partner is not available as well as a suitable time and place, sexual activity is discouraged.

The unconscious desire to become pregnant may be a motivating factor for some girls. Some may see motherhood as a confirmation of adulthood, an escape from an unhappy childhood and a way to have someone to love. In a study of teen mothers in southwestern Ontario, Oz and Fine (1988) found that the pregnant teens said they did not want to be pregnant but when they discovered they were, expressed happiness at being pregnant. In their study the pregnant teens had a more unhappy childhood and family life than a similar group of teens who were not pregnant. In a study of black pregnant teens in the United States, Leon Dash (1989) found that after several in-depth interviews with the teens, they expressed a conscious desire to become pregnant.

The inter-relationship between intimacy and sexuality is important since sexual intimacy can lead to emotional intimacy and the two can nourish each other. Erikson identifies the stage of development for adolescents as the stage of identity versus role confusion (Erikson, 1968) and emphasizes the importance of a strong identity to enable genuine intimacy. Intimacy versus isolation is viewed by Erikson as the stage of young adulthood and he believes that only a person with a secure identity is able to risk intimacy with another (Erikson, 1980). The physiological changes during puberty that result in an increase in the sexual urges of adolescents,

combined with society's change in attitudes towards sexual activity, may propel adolescents towards intimate relationships for which they are not prepared. Are some adolescents pushed too quickly into the tasks of young adulthood? Shen (1982) suggested that experiencing sexual intimacy before acquiring a sense of identity, which is necessary for genuine emotional intimacy, is a common cause of adolescents' sexual problems.

Dehumanizing sexuality results in the inability to develop genuine emotional intimacy with the sexual partner. Rollo May suggested that adolescents may use sex as a means of getting a sense of security and a sense of togetherness. "Sex is always something we can do when we run out of conversation... The meaninglessness of promiscuity is the substitution of bodily intimacy for personal relationship" (Hergenhahn, 1990 p. 507). There is a possibility that sex will become impersonal and will not involve a deep and loving relationship.

A similar concern is expressed by Hajcak and Garwood (1989) who suggested that the needs for love and affection are very deep and this may artificially intensify the sex drive particularly for adolescents.

> Unless we help adolescents become aware of these needs and how they influence sexual behaviour, they will develop immature, ineffective, unsatisfying relationships and sexual habits that will carry into adulthood. (Hajcak & Garwood, 1989, p. 55.)

Conclusion

The surveys of adolescent sexual behaviours as reported in the literature indicate that higher proportions of teens are becoming sexually active at younger ages. The prevailing wisdom of society appears to want to normalize behaviours if they are done by a considerable proportion of people. Therefore, accepting sexual exploration of adolescents, the major concern for society and health educators has been to focus on the message that action must be taken to prevent pregnancies and STDs. Despite the increased number of sex education classes and increased availability of condoms and birth control pills, there continue to be large numbers of pregnancies and STDs.

The theories related to adolescent development present the complexity of this time of life with major changes biologically, cognitively, and psychologically. Summarizing these theories, Mitchell (1986) presented factors that both encourage and discourage sexual expression in early adolescence. This helped to put the topic of sexual behaviours within the context of the developing young person.

The published theories on adolescent sexual behaviours tended to focus on sexual risk taking behaviours with differing emphasis placed on the various factors. The theories were useful for identifying questions concerning the influences acting on adolescents in relation to their sexual behaviours and sexual risk reduction behaviours. This study examines the adolescents' experiences in this area within the context of their lives with the aim of gaining a more complete understanding of their response to the factors influencing their sexual behaviours.

CHAPTER THREE

METHOD

Although research has been done to outline the many factors that influence adolescent sexual behaviours, there are few qualitative studies that have presented the effects of these influences from the adolescents' perspective. In an effort to gain more of an understanding of their experiences, I conducted a qualitative research study using the inductive method based on grounded theory methods (Glaser, 1978; Glaser, 1992) combined with abductive explanatory inferentialism (AEI) (Haig, 1994). Adolescents were interviewed about their experiences and their views of the factors that have influenced and continue to influence them with respect to their own views and behaviours regarding sexual behaviours and sexual risk taking behaviours. I chose a grounded theory approach for the study as its purpose is to discover constructs and categories from data describing peoples' experiences of a phenomenon and to inductively develop theories that are "grounded" in the data (Field & Morse, 1985; Strauss & Corbin, 1990). As Glaser (1992, p. 5) has expressed it, "grounded theory allows the relevant social organization and social psychological organization of the people studied to be discovered, to emerge - in their perspective!". I wanted to understand the actions and behaviours of the adolescents from their own perspective. The method used with the grounded theory approach requires that the concepts and relationships develop from the data and also be tested provisionally with the data.

A philosophical reconstruction of grounded theory method is presented by

Haig (1994), which he argues, strengthens grounded theory, "by reconstructing it in accordance with recent developments in scientific realist methodology" (p. 3). The scientific method, abductive explanatory inferentialism (AEI), is "centrally concerned with generating theories *abductively* and appraising them in terms of what philosophers have come to call *inference to the best explanation*" (Haig, 1994, p. 3). A more complete discussion of AEI and how it "provides a framework for inquiry that takes advantage of realist philosophical work on research problems, generative methodology, and coherence justification" is presented by Haig (1994, p. 13).

A strength of this method is its focus on the importance of a more complete explication of the research problem including the constraints on its solution. It is argued that the interplay between the components of scientific method, observations, theories, and problems is within a systems-theoretic rather than a linear formulation. Haig (1994) also points out the importance of the relationship between data and phenomena. The importance of data is that it gives some evidence of the underlying phenomena and the theory is built to explain and predict the phenomena. He therefore makes the point that theory should be grounded in phenomena and not in data. Abduction is considered as a pattern of inference to find the "most *plausible* explanations" (Haig, 1994, p. 9). The resultant theory is compared to other theories to judge whether it provides a better explanation of the phenomena. Constructing grounded theory combined with AEI does not change substantially how the inquiry is carried out since the practical aspects of the method remain primarily the same. AEI is based on scientific realism and provides "a philosophical reconstruction of

grounded theory method in accord with a broadly realist conception of methodology" (Haig, 1994, p. 13).

Adolescents who had a variety of experiences with respect to sexual behaviours volunteered to participate. The participants included both males and females and included some who were sexually active as well as some who had not yet engaged in sexual intercourse. I interviewed each participant twice with approximately three to six months between interviews. Also, each person was provided with a journal and pen and asked to keep a diary about their thoughts and experience in the interim between the interviews. All interviews and journals were transcribed and coded. In addition, a questionnaire was developed for use at the time of the second interview. This provided an opportunity to get their input on questions not asked directly during the interviews. The questionnaire, Factors Influencing Adolescent Sexual Behaviours is included in Appendix A.

Obtaining the Sample

The adolescents were recruited from a variety of settings including a public health operated birth control centre, an agency involved in teaching adolescents about sexuality, a family practitioner's office, a school in the Edmonton area, and from a conference where several adolescents had been invited to present their perspective regarding teen driver education. I hoped that recruiting teens from a variety of agencies would result in a broad cross section of teens with varied backgrounds and experiences. Approval to conduct the study was obtained through

the appropriate channels at each setting. The study was explained and copies of the research proposal were given to the relevant personnel in each setting. In addition, a two page overview of the study, a one page description that could be given to interested teens, and a copy of the Consent Form were provided to the agency staff and are included in Appendix B. In settings in which there was a research and ethics review committee, approval was obtained from these review committees. Other agencies and organizations were approached for recruiting adolescents and the study was explained to them. Approval was given for the study but they were unable to recruit adolescents interested in participating in the study because the adolescents were sensitive about their sexual activity. Some initially expressed interest but did not follow through by phoning me.

The purpose and objectives of the study were explained to staff members. In some of the settings, staff talked with adolescents whom they thought might be willing to participate in the study and were given permission by the adolescent to give me their phone number. In these situations, I was able to call and explain the study and if they still were willing to participate, I made arrangements to meet them for an interview at a time and place convenient to them. One agency gave interested adolescents an information sheet about the study and asked them to call me to arrange for an interview. This indirect approach recruited only two teens who took the initiative to contact me. Although both teens were interested in the study, their parents did not want their daughters to participate and therefore the interviews were cancelled.

Due to the voluntary nature of recruiting participants, it is possible that adolescents with different experiences were not represented. For example, while several females who had more than one sexual partner and who were inconsistent in their use of protection volunteered for the study, no males with similar characteristics participated. Although this gap existed, there did not seem to be an easy solution for their recruitment. Also, some of the teens were recruited through a birth control clinic and an agency involved in teaching adolescent sexuality workshops and since these agencies seem to have a majority of female clients, the males may have been under represented. Attempts were made to get teens with a variety of experiences and although some may not be represented, the theory should be seen as in development and further tests of the theory are required.

The Interviews

Interviews were selected as an effective method of obtaining information about adolescents' sexual behaviour. Previous experience (Edwards, 1992) suggested that open ended questions did not lead to broad in-depth responses. Adolescents generally responded more easily to direct questioning. A semi-structured interview approach was selected to allow for questioning related to the factors identified from existing models. This still allowed flexibility and opportunity for adolescents who wished to talk about additional factors and influences that they had experienced.

The theoretical models in the literature were used to guide the development of questions relating to a variety of factors thought to influence adolescent sexual

behaviours. The areas for questioning, based on the current theoretical models, included some of the following: What do adolescents know about how a person gets pregnant or contracts a sexually transmitted disease (STD)? What is known about the behaviours that could decrease the risks of getting pregnant or getting a STD? What do adolescents think their parents, peers, and society think they should be doing in relation to sexual activity and STD-risk preventive behaviours? How strongly motivated are adolescents to comply with these significant referent groups? What do adolescents think are the possible consequences of various sexual behaviours and sexual risk reduction behaviours and how do they evaluate the importance of those consequences? What skills do they think are important in relation to consistent and effective sexual risk reduction behaviours and how well are they able to perform these skills? What are their sexual behaviours and sexual risk reduction behaviours?

In the first few interviews with adolescents, I asked them to indicate whether the questions seemed appropriate and whether additional questions should be added. Each adolescent felt that it was easy to answer the questions and that it provided sufficient flexibility to add any information that they wished to add over and above the direct questions. While questions were not asked in exactly the same order for each interview, an outline of the topic areas and sample questions used for the interviews are included in the interview guide in Appendix C.

I talked with each adolescent on the phone to arrange an appropriate time and place for an interview. I explained the purpose of the study and that I was

asking them to take part in two interviews approximately three to six months apart and to keep a journal of their experiences for the period between the interviews. I explained that all interviews would be taped and transcribed for subsequent analysis. I told them that they were free to stop their participation in the study at any time and that if there were any questions that they did not wish to answer they should indicate that and we would continue to another question. I explained that their participation in the study would probably not be of direct benefit to them but that the results could contribute to a greater understanding of the factors that influence teenagers in relation to sexuality and sexual behaviours.

Interviews were held in locations convenient to the participants and included a variety of public health or agency offices, a physician's office, and an office at the University of Alberta. In all situations the interview was held in a private office where the discussion could not be overheard. Prior to the interview the purpose and objectives of the study were again explained to the adolescent and a two page summary of the purpose and objectives of the study was given to them. If they were still interested in participating in the study they were asked to complete a consent form for participants, two copies were completed and one was given to the adolescent.

Once the consent form had been signed, I turned the tape recorder on and started the interview. In order to put the information regarding factors influencing sexual behaviours into context, I asked questions regarding the adolescent's family, their experiences with school, and their ideas about future in relation to school,

career, marriage and family. I asked them to talk about their views regarding religion and other influences that had shaped their values, beliefs, and attitudes about life. I also asked about their friendships and specific serious relationships that may or may not have led to sexual expression. This initial part of the interview was important to get an idea of who the teens were, what they liked to do, and what was important to them so that the discussion related to sexual behaviours would be seen in the context of their lives. I had assumed that there might be a need to set the general stage for the adolescents before they would feel comfortable to talk about very personal matters related to sexual activity. This may have helped but most of them were able to discuss very intimate details of their sexual activity easily and fairly early in the interview.

A second interview was held between three and six months following the first interview. Because of the personal nature of the research, I considered a second interview important to provide opportunity to develop rapport with the teens so they would feel freer to discuss their thoughts, feelings, and experiences with me. It also gave me an opportunity to verify that my interpretation of the first interview was consistent with the adolescents' understanding of what they had said and an opportunity to examine changes in their views and experiences in the time between the two interviews. The time interval of three to six months was chosen as a reasonable time period to meet the goals for the second interview. The questionnaire was given at the beginning of the second interview. Interviews began in May, 1993 and the second interviews were completed by the end of January, 1994.

Journals

All adolescents were asked if they would be willing to keep a journal about their relationships, thoughts, feelings, and experiences regarding sexuality and sexual behaviours for the period between the first and second interviews. I explained that they did not have to do this, but if they would be willing to do it, it would be helpful for the research. They were given a quality pen and the choice of a blank book for journalling. Seven females completed diaries and brought them to the second interview. Two of the seven females had not been involved in sexual intercourse and five had been involved. None of the males indicated any interest in keeping a journal although one of the males talked about what he would have included in the journal. For this group, perhaps journalling was more of an interest to females and may not have been a suitable task for the males. The journals were photocopied and returned to the adolescents. The journals were transcribed and coded along with the interviews.

Data Analysis

When the interviews were complete and the journals received, they were transcribed verbatim. My two research assistants and I read each transcript several times and developed codes to capture what the teens had said. I was fortunate to have two masters prepared assistants (a social worker and a nurse) who also read each interview and helped me to develop the codes. Initially, the three of us separately coded the same three interviews and developed codes. The interviews and

the codes were discussed and we found a lot of agreement for the coding. We developed common names for codes and used them for coding subsequent interviews. We then grouped the codes into clusters and common themes which emerged from the data. We used knowledge of the literature to guide in the analysis of the data but did not restrict the emergence of new concepts and categories. We examined the information in the categories for similarities and differences among adolescents and for their relationships with personal characteristics and other relevant concepts in the data. We constantly compared the categories that emerged from the data with the data from later interviews and with existing theories until no new categories emerged and saturation was reached. Although I attempted to recruit teens who had experiences across the spectrum of sexual behaviours, I was unable to find males who were involved with several females with whom they did not have strong relationships or friendships. It is assumed that the males might differ from the females who had multiple sexual partners and the lack of males in this category is a limitation of the study.

The data were analyzed and described according to the coding family termed the six C's (Glaser, 1978) and presented in Chapter Four. This analysis led to the discovery of the core category, Achieving Identity, which accounted for a large portion of the variation in the sexual behaviours of the teens. This core category became central for the theory presented in Chapter Five.

Reliability and Validity

In any form of research the issues of reliability and validity are important to consider. Lincoln and Guba (1985) argue that these terms are used primarily with quantitative research and have proposed that the terms to be used for qualitative research are: credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity) (p. 300).

Credibility

Establishing confidence in the truths of the findings for a study can involve several activities. In this study the opportunity to meet with the adolescents twice and to read the seven journals, provided the opportunity to build trust and rapport so that the adolescents felt more comfortable in discussing their thoughts and feelings related to their sexuality and sexual behaviours. This is termed "prolonged engagement" by Lincoln and Guba (1985, p. 303). Additionally adolescents were provided with some verbal feedback regarding their initial interviews to ensure that what I thought they had said was what they had intended to say. The journals also provided further support for what had been said during the interviews. The questionnaires provided a third method for obtaining information about the participants' experiences.

Initially I and my two assistants each took the same interviews, read them carefully identifying meaning units and codes and then discussed the interviews and arrived at common codes and categories that would be used. Interviews were coded and then reviewed with all three to ensure a form of credibility. This gave

opportunity to challenge biases and to ensure that the codes and themes were substantiated and coming from the data.

Transferability

To assist in determining transferability, descriptive data were collected about each adolescent in relation to sex, age, educational accomplishments, and their goals for the future. This also provided a context for a further understanding of their experiences. The intent of qualitative research is not to provide a theory that is necessarily generalizable to other populations, but describing the context will help in the assessment of whether the theory may be transferable between two contexts (Guba, 1981, p. 81).

Dependability

If the research was conducted in another place by other researchers would the results be similar? It is important to keep an "audit trail" which is a documentation of the research process that was followed for the study (Guba, 1981, p. 87). This provides a description of how the research was done and the thoughts and ideas that came along the way which provides other researchers with a description of how the process was followed. This took the form of a documentation of the process of the research. I kept memos of ideas about codes, categories, their relationships, and beginning diagrams outlining relationships. In addition, I held weekly meetings with the two research assistants to discuss the coding of the interviews and subsequent development of concepts and theoretical implications.

Confirmability

It is important when doing qualitative research to be sensitive to any of my own biases such as my own perspective related to adolescent sexual activity and sexual risk reduction behaviours. When I began the study, I had wondered if the reported proportions of teens who were sexually active were accurate, and if they were, what was the balance between wanting to be involved and feeling pressured. In addition, I recognized that my own religious beliefs that include saving sex for marriage, are not the views of the majority. In conducting the interviews and analyzing the data, I tried to maintain a neutral stance in relation to the adolescents' ideas, thoughts, and activities and to encourage them to express themselves more fully. During the process of analysis, I bracketed my own biases and tried to put them aside, to more clearly see what the adolescents were saying through their own eyes. Discussions with the research assistants further assisted in clarification of biases and ensuring clearer perspective and analysis from the participants' perspective. I think I was successful in keeping my views to myself and in being open to the adolescents.

Ethical Considerations

Each adolescent was given an explanation of the purpose and nature of the study. I assured them that their participation was voluntary and that information given in the interviews would be kept confidential and not shared with their parents and not with any of the staff who had referred them for the study. I also assured

them that they would not be identified individually in any of the written reports and the tapes and transcriptions would be coded and names removed. I gave them the opportunity to ask questions about the study before beginning or at any time during the interviews. They were also assured that if they did not wish to answer some questions they would indicate that and we would proceed to another question. They were also assured that if they wanted to withdraw from the study at any time they could do so. None of the participants chose to withdraw and all participated in both interviews. Only seven of the 16 participated by writing journals between the first and second interviews. No males wrote in journals which may have been due to a gender difference in interest in journalling. One adolescent moved out of the province and his second interview was held before the questionnaire was completed, all others completed the questionnaire.

Prior to the beginning of the interview adolescents signed a consent form and I gave them a copy of the form along with a summary description of the study. Consent forms were kept in a secured location separate from the data so that names would not be associated with the tapes or transcripts.

I anticipated that through the course of the interviews some adolescents could become concerned about aspects of their own sexuality and their experiences and express a wish to discuss these with a counsellor or nurse. When this occurred with two of the teens, I made referrals to appropriate personnel with the agreement of the adolescent.

CHAPTER FOUR

RESULTS AND DISCUSSION

WHAT INFLUENCES ADOLESCENT SEXUAL BEHAVIOURS?

It is fools, they say, who learn by experience. But since they do at least learn, let a fool bring his experience into the common stock that wiser men may profit by it.
C. S. Lewis, speaking of his own way of learning. (1977)

The purpose of the study was to describe the influences related to sexual behaviours from the perspective of the adolescents interviewed and to propose a conceptual model depicting these influences. The first part of this chapter includes a very brief overview of the adolescents who participated in the study. This provides a background for the presentation of the theoretical model and core category. A more complete description of the teens is contained in Appendix D. A discussion of the core category, Achieving Identity, precedes the presentation of the theory. Achieving Identity accounts for a large portion of the variation in sexual behaviours and in dealing with the consequences of the behaviours. The Theory of Adolescent Sexual Behaviour is discussed using the six C's method suggested by Glaser (1978). This allows for presentation of the sub-categories, their interrelationships, and the theoretical links between them. The components of the theory and the adolescents' descriptions of the variety of factors influencing their thoughts and

behaviours are illustrated using excerpts from the interview transcripts. While this section includes a combination of conceptual ideas the focus is on a description of the adolescents' accounts of their lived experiences in relation to sexual behaviours. Chapter Five contains a presentation of the Theory of Adolescent Sexual Behaviour and a discussion of relevant published research.

The Participants

Sixteen teenagers between the ages of 15 and 18 years of age participated in the research study; six were male and 10 were female. The teens were all from average middle class homes and all lived with two parents and one or more siblings with the exception of one male who was a single child and had moved into an apartment to live on his own. All were attending school and had plans for post secondary education. Their lives were very busy with school, friends, family, and a variety of activities including sports, music, and part time jobs. Most had a positive view of the future and were looking forward to a career, marriage, and family.

When I recruited teens for the study, I wanted to talk with some who had had sexual intercourse and some who had not, so that I would have the views of a wide range of teens experiencing the various influences related to sexual activity. Five of the participants had not had sexual intercourse whereas the other 11 had. Although there were commonalities across all the teens, as the analysis progressed it became evident that there were sufficient differences that two groupings emerged based on sexual experiences. This grouping was not done until near the end of the analysis

when it became apparent that it would facilitate the discussion of the subjects, their experiences, and the model. It is not the intent of this study to generalize to all teens, however the participants in this study seemed to fall into two major groups.

The adolescents who said they **had not had sexual intercourse** are similar with respect to many characteristics and are discussed and referred to as Group A. Those who said they **had had sexual intercourse** are referred to as Group B which is discussed as two subgroups characterized by number of sexual partners; Group B1, those who had sex with **one partner** and Group B2, those who had sex with **more than one partner**. The transcripts for the interviews with the teens in Groups A and Groups B1 and B2 were analyzed and led to the clarity of the conceptual model.

Each teen is referred to in this report using a pseudonym and descriptions of individual teens are limited to protect their anonymity and confidentiality. In order to provide an easy reference regarding whether the participant is male or female and to identify their past sexual experience, pseudonyms for teens have been chosen to start with different letters. Those who have not had sexual intercourse were given names beginning with the letter "N", teens who have been sexually intimate with one partner were given names starting with the letter "S", and teens who have been sexually intimate with more than one partner were given names starting with the letter "M". The age and grade for each participant at the time of their first interview, their experience with sexual intercourse and whether they are in Group A or B are presented in Table 1.

Table 1. Description of Participants and Date of the First Interview.

Group	Experiences with Sexual Intercourse	Pseudonym	1st Interview All in 1993	Age	Grade
Group A	**None**	**Nora**	June	16	12
		Nathan	June	15	11
		Neil	May	17	12
		Norman	May	17	12
		Nancy	May	15	9
Group B	**Sexually Intimate**				
	B1 ***One Partner***	**Susan**	June	17	12
		Steve	June	17	12
		Sylvia	May	17	12
		Stephanie	June	17	12
		Sandra	September	15	11
	B2 ***More Than One Partner***	**Max**	August	18	12
		Mike	July	17	11
		Marg	May	15	10
		Mary	September	16	11
		Molly	May	15	9
		Martha	June	16	11

As previously mentioned a summary of the Descriptions of the Adolescents and their Experiences is included in Appendix D.

Theory of Adolescent Sexual Behaviour

The focus of the research and the behaviours of concern in this study were **Being Sexually Active (BSA)** and **Being Sexually Responsible (BSR)**. In this study BSA refers specifically to having or not having sexual intercourse. While it is recognized that genital contact without penetration could still result in pregnancy and STDs could be transmitted in this way or through oral or anal sex, BSR is discussed in reference to sexual intercourse. Being Sexually Responsible (BSR) refers to taking or not taking contraceptive and/or protective measures to prevent unwanted pregnancies and STDs for those who are sexually active.

The Theory of Adolescent Sexual Behaviour is described according to the coding family termed The Six C's: Contexts, Covariances, Conditions, Contingencies, Causes and Consequences (Glaser, 1978). These categories are used to discuss the relationships among categories, how behaviours are influenced and how they respond to the consequences of their behaviours. The analysis using the six C's coding family helped to clarify and conceptualize the basic social process related to adolescent sexual behaviour. It was during the process of analysis and trying to understand the variation among teens, that the importance of identity became clear. The core category, Achieving Identity, accounted for the variations in relation to BSA and BSR. This chapter includes a description of the influences the adolescents experienced and is presented according to the categories in the Six C's coding family. The bracketed words next to the Six C words are those specifically relevant for this study. The components of the model are depicted in Figure 1.

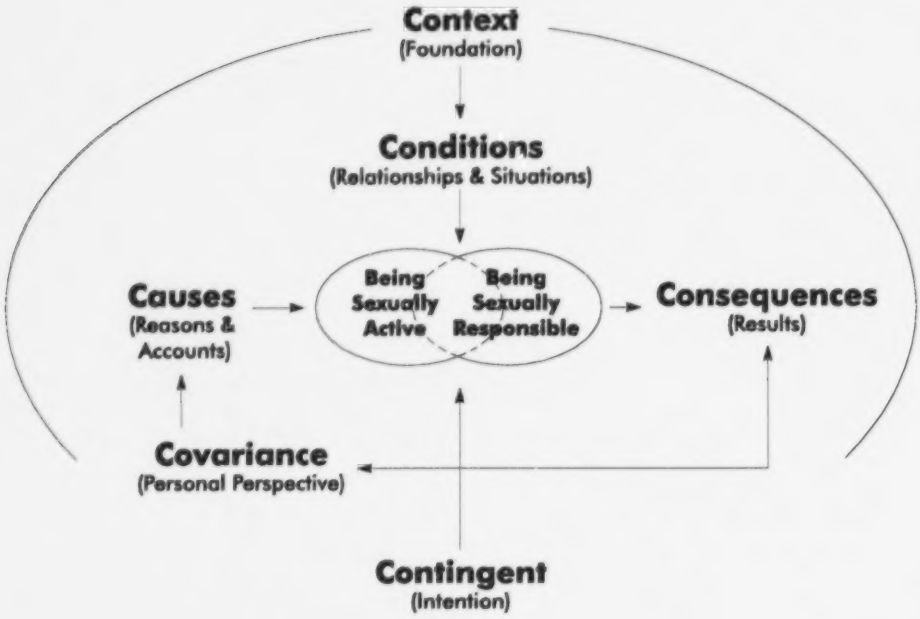


Figure 1. Adolescent Sexual Behaviour

The **Context** is the **Foundation** which includes variables such as the society or community in which they live, their family, peers/friends, activities and risky behaviours, school, and their religion or spiritual beliefs. All provide the social and cultural environment within which a person grows and develops and influences identity formation. The terms Context and Foundation are used interchangeably in the discussion of the model. The variables within the context influence, among other things, the view of self, life, future, relationships, love and sex. The Context is depicted in Figure 1 as an open oval indicating that the influences of context act

directly and indirectly on all components of the model. The **Covariance** is the teens' **Personal Perceptions** of themselves, including their view of self, perspective on life and the future, and their views on relationships, love, and sex. What they say about themselves gives an indication of their identity development and has an influence on the causes they report for BSA and BSR and has an effect on the consequences of these actions. The behaviours of the teens related to BSA and BSR are also **Contingent** upon the **Intentions** or predisposition of the adolescents to be or not to be sexually active or sexually responsible. The intentions could be viewed as part of their identity in the sense that it is their belief about where and how sex should fit into their relationships and life.

The **Conditions** are the **Relationships and Situations** adolescents find themselves in or choose to be in that effect their being sexually active and/or sexually responsible. This encompasses the quality of their relationships and how well they are able to communicate with each other and is influenced by the context in which they live and has a direct relationship with BSA and BSR. The **Causes** are the **Reasons for and Accounts of** their actual behaviours in the area of BSA and BSR. This is reflective of whether or not they have been able to follow through with their intentions. The **Consequences** are the **Results** of each action taken and how they have dealt with the consequences in turn influences their personal perceptions and intentions and may have an effect on supporting or changing their subsequent behaviours.

Being Sexually Active and **Being Sexually Responsible** are integrally related

to each other. The model shows the behaviours as overlapping and the ideal would be that the two almost become one oval, meaning that there are no instances of unprotected sexual intercourse.

Achieving Identity

In generating grounded theory, Glaser (1978) stated that a core category should emerge that accounts for much of the variation in the behaviour being examined and would be proven by its prevalent relationship to other categories in the model. Sometimes two categories will seem almost equal in their centrality but selecting one of the variables as the core variable around which the theory is developed is considered essential by Glaser (1978). Although several categories emerged in the analysis of the data, the category that seemed to be the most central in examining the variation in the pattern of adolescent sexual behaviour was the progress they had made in Achieving Identity. While Achieving Identity and knowing oneself is something that continues to some extent throughout life, it is during adolescence that this task begins and identity starts to have substance (Erikson, 1968; Mitchell, 1992; Waterman, 1993; Zabin & Hayward, 1993). Taking responsibility for themselves, their relationships and their behaviour was a second variable that was very important but somewhat dependent on the progress an adolescent made in achieving identity, and therefore was considered secondary to the core category of Achieving Identity.

As I listened to the teens and read and reread the transcripts of the interviews

and journals, I became very aware of the complexities of growing up as a teenager in the nineties and of dealing with the influences surrounding sexual behaviours. Adolescents were strongly influenced by their families, friends, peers, their school environment, religion or absence of, the activities in which they participated and by the society and communities of which they were a part. All of this provides a context within which they grow and learn and experience the many and various influences that help to shape who they are as individuals and their own perceptions of self and beliefs about life and how they should live. Their ability to deal with the influences related to sexual behaviours and to develop their intentions related to BSA and BSR are very much influenced by their identity formation.

Achieving Identity was influenced by the context in which they lived as well as their experiences in general and specifically with relationships and sexual behaviours. How they dealt with the consequences of their behaviours in turn had an influence on their identity and on their ability to take responsibility for future behaviour. Their identity achievement was also related to their ability to develop quality relationships which made a difference to the kinds of situations they were in and the types of activities in which they were involved.

The categories in the model and the factors included within each category are listed in Table 2. A more complete outline of the factors and codes used for each category of the theoretical model is found in Appendix E.

Table 2. Adolescent Sexual Behaviour

CATEGORIES	FACTORS
Context (Foundation) The organizations and structures of society and the people that exert broad influences and create the basis for the general development of adolescents, their relationships and views about life and living.	* **Society** * **Family** * **Peers/ Friends** * **Activities/ Risky Behaviours** * **School/ Sex Education** * **Religion/ Beliefs**
Covariance (Personal Perspectives) The adolescents' view of self strongly influences causes and affects the consequences of BSA and BSR.	* **View of Self** * **Perspective on Life/ Beliefs** * **Relationships, Love, & Sex**
Contingent (Intentions) The intention or predisposition not to become, to become, or to continue to be sexually active and sexually responsible has a big influence on the processes of BSA and BSR.	* **Save Sex For Marriage** * **Right Person/ Both Ready** * **Mutual Consent** * **Protection/ Contraception**
Conditions (Relationships/Situations) Relationships and situations that the adolescents find themselves in or choose to be in that effect their being sexually active and sexually responsible.	* **Relationships** * **Situations**
Causes (Reasons and Accounts) The reasons and explanations or the adolescents' accounts of their sexual activity and sexual responsibility.	* **Reasons Related to BSA** * **Reasons Related to BSR**
Consequences (Results) The results of the adolescents being or not being sexually active and sexually responsible and how they deal with the results will effect the other components of the model.	* **Related to BSA** * **Related to BSR** * **Dealing With Consequences**

Context (Foundation)

Introduction

Society and Communities strongly influence who we are, what we think, what we value, and what we do. The major ideas and values within our society exert strong influences on all of us, sometimes without our awareness. These basic societal influences can be strengthened or modified by the influence of family, peers/friends, school, and church or religious/spiritual beliefs. All of this provides a foundational context or framework within which we live, learn, and develop as individuals and in relationships. The teens in this study recognized that there were strong influences to be sexually active from the movies, the media in particular TV, and that in general our society assumes that teenagers, or a large portion of teenagers, are choosing to have intimate sexual relationships with partners. The importance of protecting oneself and partner against the unwanted consequences of sexual intercourse is a major concern in society and the teens all accepted the message of protection. All wanted to be protected, knew what they should do, but did not always practice "safer sex".

The teens discussed influences they recognized and also recounted some experiences that gave indication of other influences of which they were not as clearly aware. Excerpts from the transcripts are used in the next few chapters to express some of the concepts in the teenagers' own words. Next to each quotation, the pseudonym of the speaker is printed as well as the line number of the coded file and whether the quotation is from the first interview (A), the second interview

(B) or from the journal (J). In this section the foundational context is discussed in relation to society, family, peers/friends, activities, school, and church/religion and their influence on the teens' view of self, their perceptions of life and beliefs, and their ideas about relationships, love, and the place of BSA and BSR in their lives.

Society

> The media plays a role, fuels the fires of premarital sex, have sex when you are young. (Max A:935)

The teens who were interviewed had the view that within today's society, it was acceptable for adolescents to be sexually involved if they wanted to be. The report of the Canada Youth and Aids study indicated that 25% of grade nines, 50% of grade 11's and 75% of first year University students had had sexual intercourse (King et al., 1988). Most teens seemed to think these statistics were similar to their own assessment of the proportion of teens involved in sexual activity. As well most thought that many adolescents were becoming sexually involved and that teens younger than they, were getting involved sexually at increasingly earlier ages. A grade 11 student said, "If you've been going out with a guy longer than four months, then it's automatically assumed they're sleeping together. It's just kind of the way it is nowadays" (Sandra A:2281). A few of the teens thought that some of the kids at school in order to be part of the group might just have said that they were having sex when perhaps they were not, "I know a lot of people, they think they're cool and they think they should have sex and stuff. Even if they're not

doing much, they might say they are" (Norm A:392).

The media has a strong influence in passing on the views of society. One male thought that the message given through TV and the media was that sex was the way to show someone that you liked them, "How else can I say to the person I like you? Before it was like, kisses and sending letters and now it's like sex. But that's like a very blown up corrupted way of seeing things... but I see society heading towards that" (Max B:967). Within the perspective that it was OK for teens to be sexually active, they recognized there was also a strong message that it was essential to use protection.

They thought they should be able to make their own decisions regarding when and to what extent they wanted to be sexually involved. Some talked about how society has changed and the adult generation just doesn't understand.

> My mom says it's not normal to get an earring put in your nose. Oh, but it's normal to put it in your ear, well, that's accepted. Why does everyone have to be according to society? Be yourself, that's it. If you want an earring in your nose, go and put one in your nose. It's you, it's what you want. If you want to have sex, have it, it's up to you - your choice... I get very fed up because parents, I hate to say this, but, I think, they think, that's all we think about [sex]. But they don't understand and their society was so much different than ours is. I just don't understand how they cannot see how everything has changed. (Stephanie A:1148,1362)

There was the sense that there had been some progress towards equality of the sexes but there were still some differences, particularly in the area of sexuality. They perceived that sometimes there was still a double standard in relation to sexual activity depending on whether you were male or female. "When the guy's doing it, it's sort of a conquest sort of thing. It's like, 'Well I scored tonight' "

(Steve A:1308). From the female perspective some thought that females get involved sexually because of wanting to please the guy, "You rarely hear about the girl initiating anything" (Susan A:1319). One male commented about articles in women's magazines that were geared towards helping a woman get a man. "It's sort of like women have no life besides capturing a man and that could play a factor in the fact of, why do teenage girls have sex? - to get a man" (Steve A:1347).

The message that the teens reported they received from society was that everyone is doing it, just protect yourselves. The norms that the teens reported were focused primarily on sexual activity and protection and society appeared to be silent with respect to how sexual activity fit within relationships. All the teens seemed to think it was only realistic to expect that a large proportion of teens would be sexually active unless there were other influences in a teen's life that presented a different perspective on sexual activity.

> I don't think it's [abstinence] really reasonable because there's so much sex and advertising and there's so much talk about it and stuff. It's obvious people are going to be curious. (Neil A:1838)

> I don't think it's realistic to expect that kids will abstain from sexual intercourse. If I hadn't been brought up in a Christian family I think I would have totally different beliefs, I know I would, just because of the society that you grow up in. (Nora A:900)

Society's message to be sexually responsible and to use Protection And Contraception Together (PACT) if you are going to be sexually active was accepted and supported by all the teens. Since there is no term currently in use to represent

both prevention of pregnancy and protection against STDs, the acronym PACT will be used to refer to both of these concerns. "Be safe in what you're doing, know what you're doing, know what you're getting into" (Neil A:1852). Even those who were not always consistent in their use of protection believed that you should do so. "I said I'd only go all the way if he had a condom" (Molly J:468). "If you are going to do it, be safe" (Martha A:1400).

Family

> If you don't have family then you're like missing something. They're like really influential and you can like fall back on them. It just gives you a sense of security too, because if you screw up, it won't matter. (Mary A:1261)

Family was important to every participant. Those who spoke more positively about their families talked about some of the things they did together and the stability of their home environment was reflected in the ways they spoke about their families. The participants who were less positive about their families and talked about conflicts with parents spent more time in the interview recounting some of their experiences with their families.

Families were an important positive influence to the adolescents in Group A and for most of those in Group B1. All lived at home with two parents and one or more siblings and talked about fairly good relationships with their parents and siblings and that they did a variety of activities together. Parents believed in their children and encouraged them to do their best. "My parents believe that if I try my hardest and do well, that's all they need. As long as I'm satisfied with what I do"

(Neil A:110). Many had part time jobs and parents encouraged them to take some responsibility for their spending money and also to save some for education, "My parents want me to pay for some of it, which I think is fair, so I have to start saving it up" (Neil A:593).

Most spoke positively about their families and reported having good relationships with their parents and siblings. Some had a better relationship with one parent than the other but didn't report specific problems in relating to the other parent. "I usually just talk to my mom about problems. My dad, I'll just talk to him about life and everything, but I'll go to my mom for problems and stuff" (Nancy A:636). Neil said he spent a fair amount of time with his dad and they went on ski trips together. "My parents are pretty good... I'm pretty honest with them... My dad and I talk about girls and stuff too" (Neil A:182). Extended family and visits with grandparents and other family members were mentioned by some as very important. Neil said he read the Bible every night because his grandfather read it and he thought it would help him to be able to communicate better with him. "It started out because my grandpa read it so much. Now I don't mind reading it" (Neil A:855).

An exception in this group was Nancy who although she said she talked with her mom about problems, didn't think her family talked much or had much of an influence on her.

> They're like little hermits, they don't say anything. Everything I've ever learned in my life has never been from them, it's always been from school or friends, or experience and stuff... My parents and I have never talked about

> sex or anything together, a little bit about dating and stuff but that's it. (Nancy B:121)

For Stephanie however, although her relationship with her mom had been fairly good in the past, it had changed for the worse.

> Since then I don't think I could ever talk to my mom. Before then I'd always keep my door open and now it's always closed and that to me is just to tell her I want to be alone now. It was hard, but I don't know, it's life. That's I guess my general attitude, I deal with it and push on. (Stephanie A:328)

Stephanie has had some arguments with her mom and expressed her view that her mom lacked understanding.

> I had a few good words with her. She doesn't understand and I don't feel like explaining. She won't understand no matter what. I don't like my mom any more, I don't want her to know about me. She's my mom and stuff and she does nice things and that's fine. But she tries to pry in my life and then if I tell her something, she can always use it against me. Maybe that's one of the reasons I don't want to tell people things. (Stephanie B:451)

While most said they could talk easily with their parents about most topics, the amount of discussion about sexual behaviour varied. Some did not talk with their parents specifically about the topic and others tended to talk with the parent of the same sex. "He (dad) doesn't really mind what I do, he said just make sure you use protection" (Neil A:2000). Whether or not they talked specifically with their parents about sexual behaviour, most had a good idea of their parents' standards regarding sexual behaviour. Most thought that their parents didn't want them to be sexually active, but that if they were, they should protect themselves. Two of the teens in Group A came from homes where the church was very important and the standard was not to have sex until after marriage. Nora and Nathan were thankful

for their parents' perspective and had examined this value and decided they too accepted this standard.

> My folks weren't Christians before they were married and yet they knew to save sex for marriage. They both wanted to do that to make it a special thing on their wedding day. And that's carried over to me. (Nathan B:747)

Many of their parents have not openly discussed their own views about when they think sexual relationships are appropriate. Therefore, each of these teens related to what they thought their parents or other adults' perceptions of adolescent sexual involvement would be. Most of the teens who had been sexually active thought they should be able to make their own decisions about whether or not to be sexually active and most didn't want to talk to their parents about it, "I'm not going to tell her" (Susan A:1953). Her mother had previously said, "I don't want you to be doing things you're not supposed to be doing. I just don't want my house to be a sort of harbouring place for something like that" (Steve B:350). Susan's interpretation of this was, "I think she knows that we have sex but she's trying to tell us it's wrong" (Susan B:391).

Some who talked with their parents about sexuality and sexual activity found it was easier to talk in general about the topic than when it was specifically related to their own involvement,

> I talked to her about it like at three months, and it wasn't so hard because it hadn't happened. When it did happen, I found it a lot harder. I mean so many times I started and then I stopped. But then once I did, she was just more worried about pregnancy and stuff like that. (Sylvia A:976)

Stephanie had talked with her mom about birth control when they were quite

close and her mom asked her if she wanted to go on birth control. She thinks that if her dad knew she had been sexually involved he would be very upset. "He'd have a heart attack because I'm still daddy's little girl. I'm perfect in every way. I don't think he'd be very impressed" (Stephanie A:1356). Although she didn't tell her parents she had been sexually involved, one of her friends while "under the influence", told Stephanie's mom that Stephanie had been sexually involved with her boyfriend. Now Stephanie feels she can't trust anyone.

Some didn't want their parents to know of their sexual activity,

> Well I guess I was mostly afraid, I didn't want to lose their trust and stuff. I didn't want them to be upset with me. I didn't want them to stop me from seeing my boyfriend. That's basically it and I think that's probably the biggest reason. (Sandra A:468)

When Sandra told her parents about her pregnancy she found out her dad suspected that she had been sexually involved. "When I told him [dad], he just stopped eating. 'I knew it was coming, I told your mom to put you on the birth control' " (Sandra A:804). Although it was difficult to tell her parents about her pregnancy, she found that once they were over the initial shock, they were supporting her very well. Her view of her parents' perspective regarding adolescents and sexual relationships was,

> Well they probably think that you should wait until you're married. I know my parents didn't, but my mom told me she had a miscarriage before I was born, like a couple years before they were married. I think they just think that you should wait until you're like more mature, until you're older. My mom had told me that she wouldn't have minded me being pregnant if I'd been like 17 or 18 or old enough at least to kind of look out for it. She said it's mostly that I'm so young that it bothered her. She told me that she wouldn't have had much of a problem with me having sex if I had talked to her about it and got

> on birth control and all that stuff. I think my parents are pretty cool about it as long as you take the proper precautions and you're ready for it. (Sandra A:428)

The teens in Group B2 were not as positive about their families nor did they report the same strength of family relationships. All but one male lived at home with two parents and one or more siblings.

Some talked about the importance of a good family background, "My parents are really, really open. We have like the best family life. It's like the all American family... It makes you like an actual person, like it makes you whole kind of" (Mary A:639, 1261). Although she spoke strongly about the importance of family and said that her family was close, she made several remarks that were contradictory. For example, she also talked about her brother who was into drugs and sometimes caused problems within the family, at the same time indicating that everything was almost perfect.

> We have a very strong family which is good because everything in our household is almost perfect... [A few sentences later.] My dad almost moved out in June because my brother is really bad. He gets into a lot of trouble now and so he just got fed up and almost gave up on my brother. He can't do that cause my brother has really low self-esteem. Then my dad gave up on him and once you lose your family then you've lost everything. (Mary A:1277)

Some had their own views of what is important in parenting, "Parents should not be parents if they're not going to parent their kids" (Molly A:1779). When asked what she would like to have in a parent she replied,

> Caring and open and not abusing kids. I don't know, just people that you can talk to and people that you can trust. Not people who lose all that you have respect for. You've got to have respect for your parents in order for them to parent you, to put order in your life, discipline in your life. You're not going

> to listen to them if they just put down rules and personal opinions. If there's respect, there will be discipline and rules and there will be less disobedience. (Molly A:1792)

Some talked about difficult relationships with their parents and a lack of talking together. Molly did not have a very good relationship with her parents, "I had a lot of respect for them but I don't have a lot of respect for them any more… I can talk to anyone, I can carry out a conversation, be open minded, but with them I can't" (Molly A:590). They did not talk a lot together as a family and when asked if they ate together, "Not really, or if we do, it's about 5 minutes. We get it, eat, get out as fast as possible" (Molly A:581). She described her family in the following way.

> We're not actually a family, we're just 4 tenants in the same building kind of thing. We do what we want, we cook our own meals, our own laundry, our own rules that we follow. So you try and figure out what's best for you and you do it. If you do what's not best for you, it's your own fault. (Molly A:1877)

Some felt distant, "My mom gets really down cause she tries hard to be your best friend and it's like, go away. When I was younger it was great, but now I don't need her that way, I don't need a mother to talk with a lot" (Mary A:1310).

Some discussed arguments, conflict and lack of closeness, "I'm not that close with my parents. I like my dad, but he's always on the road, and then my mom, we kind of have a personality conflict" (Marg A:405). She thought her dad was pretty understanding and open minded although reported, "Usually the only time we really have like deep conversations is right after I've been in trouble for something, then he'll be giving me advice" (Marg A:589). Molly's relationship with her mom is

often difficult, "One hour it could be the greatest and the next it could be awful. I mean my mom and I had World War III going on on Friday, we were just ready to kill each other" (Molly B:1310). She reported that her dad had sexually abused her and that it was an ongoing problem. She was put in a foster home for three months by social services because of this but she has not charged her dad as her mother doesn't believe her. Although she moved back home, "I've got a lock on my door and I don't talk to my parents" (Molly A:61). Although she and her sister used to fight a lot when they were younger, now she says their relationship is improving and they are willing to share their feelings with each other. It surprised her to realize that they do have things in common such as suffering through similar things within the same family.

Mike, who is an only child, did not have a very good relationship with his parents, especially with his mom, and so his parents helped him move out into an apartment. He was working and going to school, and his parents were helping him financially as they wanted him to finish school. He saw his parents about once a week. "Sometimes I argue with them and sometimes I don't. Sometimes I get along with them and some days I don't. It depends on what mood they're in and what kind of mood I'm in" (Mike B:318).

Some thought their parents had had a positive influence on them and others thought that their parents had had very little influence,

> I think my parents have no influence on what I'm thinking, because I kind of raised myself. Like my mom tried to raise me and she'd say, oh I'm such a bad model because I'd be sneaking off and doing stuff behind her back... I've

> tried to negotiate with my mom but it doesn't work. Sometimes I get a little bit of rope but sometimes I get less. If it's something that I'm totally against, I'll just go ahead and do it anyway. I would find another time to do it when they just don't know. A lot of times I wasn't allowed to date until I turned 15 and I thought it was totally unreasonable, so I would sneak out and go visit with my friends and just party, party, party. Then I got caught a couple of times and got in lots and lots of trouble. But it didn't stop me. (Marg A:2096)

Martha got involved in drugs and alcohol and her parents were very influential in helping her to confront her behaviour and herself. "I was fighting a lot more with my parents because they basically figured out what I'd been doing, so we started going to all the family counsellors. My parents sent me to a psychologist" (Martha A:814). This was very supportive and she is now back in school and has made new friends. She realized that she wanted to regain her parents' trust and belief in her.

> For the past few years I've really been like sort of the rebel of the family like I really didn't care what they thought I'd do my own thing. Yet even when I was doing my own thing, it really did bother me that my parents would be upset by it. I'm trying to get their approval somehow or another, so I might as well be good and get it. I'm finally getting that trust thing back. I don't know, they didn't trust me for the longest time and they wouldn't leave me home alone and they didn't like my friends... My mom's convinced I'm going to be a secretary now and I'm not going to make it anywhere and I'm going to move out and be on welfare. Ever since she said that I'm sort of going to be a welfare case for the rest of my life, I decided, well, I'll show you. I don't care as long as I graduate, just show them I can do it. (Martha A:418, 572)

Although talking about sex with parents is not always easy, most knew what their parents' standards would be for them. Mike didn't talk with his parents about sex until after he got a STD that really scared him.

> My mom started telling me, you have your whole life ahead of you, you don't need to do this right now. She gave me a lecture, the only things parents do... My parents didn't really talk to me about sex. It's like they were afraid.

> Parents are afraid to talk about sex to teenagers. They didn't really explain it to me so I found out on my own... So I slept with a girl and I caught something, so that's when they sat down and we talked about it. (Mike A:514,B:808)

One male knew his behaviour was contrary to what his parents would want for him and therefore he didn't talk to them about what he was doing.

> They don't want me to have a girlfriend. If they knew half the stuff they'd be quite shocked, so I don't tell them. They're only your parents, they don't deserve to know. They should just picture me as the good kid who achieves well in school, which I am. (Max A:940)

Mary said her parents did not know that she was having sex with her boyfriend. "I think they'd be maybe a little disappointed just because I'm so young. But they wouldn't care, they'd support me" (Mary A). Before Mary had had sex, she talked with her mom but she did not think her mom knew she had had sex and she was not going to tell her. "She's really open and she'll like talk to you about whatever you want. But, she's still my mom and it's none of her business, that's just the way I see it" (Mary A:649). Although most teens did not want to talk with parents about their own sexual activity, Mike reported that he had talked with his current girlfriend's parents about their relationship and that it involved sexual intercourse. Although he said they had initially been upset, he thought they had now accepted him and his relationship with their daughter. Although Max had not talked with his or his girlfriend's parents he had thought it was important to talk with his girlfriend's brother, who was his close friend.

Even though most of the parents would prefer that their teens did not have sexual relationships, some knew that their parents didn't follow that advice

themselves, "Before marriage my mom did anyways, I mean half of the teenagers are accidents. I mean that's how families start you know. And sometimes it works and sometimes it doesn't" (Marg B:1741).

Parental advice in relation to sexuality was harder for some to follow because of the sexual abuse they had experienced.

> I'm so confused, I don't know how I would feel if I had sex right now. I know that my religion says that pre-marital sex is a sin, my parents want me to wait until I'm 18, after what they've done. They also think that I'm a slut and have slept with all these guys anyway. (Molly J, 361)

The stress of family life and life in general affected some deeply,

> I tried the worst thing once, but that wasn't really to kill myself, it never has been. I OD'd once, but I wasn't like really into drugs and that was just once. And after landing myself in the hospital, hooked up to machines, I wouldn't do that again. And that's just when you get too stressed out and it's too difficult and like when my family's getting screwed up and stuff. It's too much sometimes and it seems like it's not going to go away. (Molly A:1838)

Families had a big influence on the teens' sense of self and their views about relationships and the place of sex in their lives. Those who had more positive perspectives about their families also seemed to have a more positive view of themselves. Two families clearly gave the message to their teens that they believed that sex should be saved for marriage. Their protection message, if followed, would be 100% effective in preventing pregnancies and STDs. All of the other teens had either discussed with their parents or had the impression that their parents would prefer that they delay sexual intercourse for as long as possible. However, they thought their parents recognized that it was likely they would be sexually involved and that their main concern was that they use protection when that occurred.

Peers/Friends

> My friends pretty much occupy all my life except for when I'm sleeping. And when I'm sleeping I'm usually dreaming about friends. (Marg A:1030)

Friends are a big influence in all of the participants' lives. Much of their time, activities, and thoughts involve friends. With regard to sexual behaviours, those who had not had sexual intercourse also had friends who were similar in their behaviour. "Out of my group of friends, I know like 3 or 4 of them have had sex, but most of them I don't think have" (Norm A:379). Those who had experienced some pressures to be sexually involved had friends who had been sexually involved. "I only know one friend who's a virgin… and I really respect her for that, but I don't know anyone else" (Stephanie A:1256).

Friends as well as families are important in adolescent development, "My friends and my family both shaped my views" (Norm A:102). Most teenagers had a large group of acquaintances but a smaller group of close friends with whom they confided and talked about life. Some teens chose a small group of friends who had similar values and were not as pressured by the bigger groups. With a small group of friends communication with each other may be easier,

> I think we're a lot closer because there's only a little group of us. I think we communicate more, we talk about whatever is going on, like in your family, if you've got boyfriend problems or something. I get along with guys but I just hang out with girls mostly. (Nancy A:483)

Some are more strongly influenced by friends than others. "I don't care what they say to do. I'll do what my heart says. I'm not going to do what they tell me to do" (Nancy A:505). Others think that teenagers, "choose their friends and follow

what their friends do" (Norm B:376). One male talked about the desire to be popular and the influence of friends.

> I used to want to be really popular and stuff and I think when I started forgetting about wanting to be popular, and just being friends with everybody, then I made myself popular without even really trying. Everybody knows me and I'm not being conceited by saying I'm popular, but I am because I know a lot of people. My friends can be persuasive if they want to be, but most of them can't be that persuasive to persuade me. (Neil B:838)

Two of the males talked about having strong friendships with females who are not their girlfriends,

> I find quite often that I can talk easier with girls than I can with guys. I'm not sure why. My best male friend is the same way, we can both talk to girls and each other better than we can to other guys. I find that interesting. We're not gay, that's something I also strongly disagree with, homosexuality. It seems that our mind set is a little bit different than most of the guys out there. (Nathan A:778)

One male talked a lot about concern for his older sister and some of her friends and worried about the consequences of her behaviours and thought she could easily be hurt, especially by guys. He also talked about his concern for one of his best friends, a female, and some of her relationships. He was concerned about his friends and family and what they were thinking and what they were doing and really seemed to have an understanding of who they were. This group of teenagers engage in a wide range of activities together with friends. All indicated that they were never at a loss for something fun to do together.

> We will go watch TV and after it's over we might play pool or maybe there's a party or something that we'll go to. We often end up renting movies or going out biking. We just do whatever comes to mind, we never have an absolute plan. (Neil A:1462)

Much time is spent with friends at school, in activities, and talking with one another. Many of the teens talked about discussing problems with one another. Stephanie found it easier to talk with friends about their problems than to talk with them about her own problems.

> I can talk surface to some of my friends. I don't trust a lot of my friends, just because... I don't know, maybe it's because I don't trust myself. I just don't trust a lot of my friends because I saw them hurt a lot of people. I know what a teenager's like and I don't want to have that in my life, that hurt. I think when you're our age, you're really vulnerable and I've heard that you get the most hurt by other girls at this age. So I don't want to, I guess I've already experienced it, and that's why. (Stephanie A:861)

By the second interview she was attending University and feeling the loss of her friends from high school, many of whom had moved away. She said she was finding it slow to develop good friendships and decided that perhaps it was better that way, although she seemed very lonely.

> Everyone says you will meet so many people. I have no idea how they can say that. I prefer actually to be alone so that I can study and I can get on with my life. I think it's just better to not have friends here because then you can get things done. (Stephanie B:773)

Having friends who shared similar perspectives on the place of sex in your life was common. Nathan, who wanted to save sex for marriage had many friends who shared his views about sex roles and sexual behaviour. He explained to me the terms used by his friends related to PDA (Public Displays of Affection) and PDL (Public Display of Lust). He said he was all for holding hands or hugging, "Hey, that's great, we need more of it" (Nathan B:779), but he is not in agreement with some teens who publicly stand around necking and petting.

Only a few of Norm's friends have been sexually active with partners. In his second interview he said that a few more of his friends had been sexually active and stated that he thought the reason for this was that the opportunity presented itself. He thought they were letting loose a bit more since school was out and "Everybody's kind of trying to relax and stuff, not really worrying about too much stuff. I think there's a lot of stuff going on but I don't think anybody's in high risk behaviour or anything" (Neil B:1424).

The adolescents who had had sexual intercourse with one partner expressed the importance of being friends with the person they were dating. They placed a high value in knowing the person that they were with and that sex was just part of that relationship. There was a sense that among their friends it was okay to be sexually active but very important to protect yourself and your partner.

Discussion with friends about sexual experience was fairly common. Some couples talked about their friends and their relationships and discussed how well they seemed to know each other and whether their friend might have been involved sexually with the person they were dating. One male was asked by a female friend whether he felt that sex had drawn him and his girlfriend together and whether it had helped their relationship.

> You can't just say well, here's a relationship and here's sex, you've got to put them together. I kind of tried to explain it to her, it's kind of like a physical and mental side to everything, it's kind of hard to explain. (Steve B:825)

Although they knew of some who freely had sex with someone they were not seriously dating, they thought that one night stands were not ideal. One male said

that he knew a lot of his friends who could,

> ... just live off sex and there was no relationship that needed to be involved. Those are the kind of relationships they look for, if you could call it a relationship, you know, a one night stand. You know, wham, bam, thank you ma'am. (Steve B:1405)

In speaking about the male friends who thought like this, Steve said they seemed turned off by a long term relationship with a girl since they thought it restricted them and they became owned by someone else, "...a ball and chain, you're so tied down" (Steve B:1417).

Pressure to be involved sexually was expressed by Susan, Sandra, and Stephanie who thought there was increased pressure to have sexual intercourse when kids got to high school. "Once you get to high school the pressure hits right there. It's unbelievable, it really is. I'd say 75% of grade 11 students are having sex" (Stephanie A:1436). In grade 10, Sandra and her friends started to get sexually active. She said that all her really close friends had done 'it' " (Sandra A:358). In fact she stated, "At our school, if you've been going out with a guy longer than four months, it's automatically assumed they're sleeping together. It's just kind of the way it is nowadays" (Sandra A:2283).

Sandra found that her friends were helpful in supporting her through her pregnancy,

> The other day my friend said, "No matter what, we're still going to be friends. I'll always be your friend" I'd swear my friends are so excited about this, "We are going to have a baby shower for you. We're going to all pitch in and buy you a stroller or something" They're so excited about it, except one of my best friends. She's excited and everything but I know she's really hoping that I'll give it up for adoption because she doesn't want to see me ruin my life.

> She knows me better than anybody, she knows me better than myself most of the time. (Sandra A:1467)

However, her experience with pregnancy had changed how she talked to her friends, she did not want the same thing to happen to them. She was very insistent with them about their use of protection. In fact she said she was becoming "like a little mother" separating them when she sees them engaging in heavy petting. Her focus was on helping them to learn from her mistake and in preventing a pregnancy. She said that since she became pregnant it had had an influence on her friends' behaviour. "Actually, after I became pregnant, most of them stopped having sex" (Sandra A:2005).

Choice of friends has a strong influence on adolescents. Molly said, "It all depends on who your friends are and... how they influence you in your life and just what pulls you in your growth, the maturity you're at" (Molly A:549). The teens in Group B2 seemed to have friends that had more family problems, problems in school and/or with drugs and alcohol than the teens in Groups A and B1. Several of Molly's friends had been raped or sexually abused and this realization hit her,

> Like the statistics never really hit me until this year. It doesn't hit you until you know some people who have been raped or sexually abused or something. There's this statistics thing right there and it's your friend and you never knew. (Molly A:1714)

Many of the females had been involved in informal and more formal listening to and helping their friends than was reported by the teens in Groups A or B1.

> I've always been the one to come running to, if they're kicked out or whatever. Just because I've been through a lot too and I just like to help people out... I've been through a lot of experience with my friends, I've seen

> them get kicked out and live on the streets. One of my friends is a prostitute now. It's just kind of like I've seen... like some friends are abused. One of my friends has just been raped, I've just seen it all. (Martha A:152,845)

Molly had been involved more formally in peer counselling and also talked with many of her friends about their problems and tried to support them,

> It hurts me to see that people can inflict this pain on others, damaging their lives and leaving them wounded. Leaving them wounded to search for escapism in a bottle or a joint. It hurts me to see others going through the pain I suffered and making the mistakes I did, especially people who are my friends. I still haven't come to terms with my experiences and maybe I never will but I have overcome the odds and stopped acting like a statistic. I still feel the sense of hopelessness and helplessness sometimes but I have wonderful friends who help me through those times. (Molly J:26)

Many of these friends had also had professional counselling to help them with their problems.

Friends can be a positive or negative influence. Martha reported that she started drinking and doing drugs when she was 15. She got the booze and drugs from friends and said that they were into it daily. She said it was very accessible since she was going with a guy who was a dealer or else her friends would pay for it. Although she recognized how drugs had decreased the cognitive ability of one of her friends and that she herself couldn't think straight any more, she did not know how to quit. She also worried that if she changed her behaviours she might not have any friends and might be alone.

> It was always my friends, like when I said I didn't want to. It wasn't like they actually pressured me, but it was kind of like I felt like I didn't fit in any more. I just didn't know where to go, like if I quit, these are all my friends, this is what they do. What am I going to do? Like I wasn't going to have anybody and I still wasn't close to my family. (Martha A:986)

Despite her fears, counsellors helped her to make changes and she kept going to school. Her friends who took drugs kept dropping out of school and she began to make new friends which really helped support her changed behaviours. "My friends are very important to me right now. They sort of help me get through day to day kinds of things" (Martha A:791).

Marg occasionally skipped classes to spend time with her friends and sometimes she invited them into her house for a little party while everyone else was at work or at school. She didn't think there was anything wrong with what they were doing. She and her friends sometimes drank but they did not do drugs very much. She said there were times they would rather get involved in fun things like picnics, football, jumping on a trampoline than in drinking. "It's not like drinking is cool, it's just drinking, hilarious... We're still good kids" (Marg B:461).

Friends also have a strong influence on attitudes towards relationships and sexual experiences. "Certain friends of mine would cheer me on in having sex and other friends would severely discourage me. Still after all this, I'm not sure what I want or what is best for me" (Molly J, 371). Others thought that they were not as susceptible to peer pressure, "Peer pressure isn't really as big as everybody says it is. In some places I'm sure it can be but mostly it's not all that bad to me. I don't feel peer pressure" (Marg A:1969).

For Martha it was friends that seemed to put pressure on her in relation to sexual experience. She said that basically everybody she knew as friends or acquaintances had had sex at one time or another.

> It was more or less friends that always seemed to pressure me the most. I remember in Grade 9, I know everybody was a virgin except for a couple of people. There was a group, we always like hung around together. One day coming home from school someone said, "Yeah, well I did it." The next thing I know all these other people were doing it. I don't know, there was like a few of us left who were just kind of like, hey, I feel like the only virgin left in the school. We just got to the point where, I don't know, I just wanted to get it over with. (Martha A:1135,1390)

Mike also experienced pressure from friends,

> I started dating when I was 14 or 15 but I wasn't at that sexual peak, I got into it around maybe 15 or 16. Mainly pressure, that's what it is. It's mainly pressure by friends. A lot of guys get together and they talk about it and they start bugging you. They say you should. You know, sometimes you're afraid to at the beginning. I was afraid, I didn't want it you know, but I did. (Mike A:330)

Friends had an influence not only on BSA but also on BSR. All of the teens in the study thought it was extremely important to always use protection and although most said their friends also thought the same, several of the girls in Group B2 reported having had sex with guys who were not particularly concerned about protection for the girl or even for themselves.

Friends are also a major force in how teens view themselves, they talk about ideas and beliefs and how to deal with life. All of this helps them to clarify their own thoughts and views. The females in Group B2 seemed almost forced to depend on their friends to work out very difficult life problems.

Activities and Risky Behaviours

All of the teens in Groups A and B1 were involved in many and various activities besides school work and these included volunteer work, part time jobs,

sports, music, travel, and doing things with friends. Several reported doing volunteer work which included working in a hospital, extended care, or assisting at workshops related to adolescent sexuality, or as a peer counsellor at school. For some, these activities took as much as a few hours almost every week. Many of the teens had part time jobs while going to school and full time jobs in the summer. These included working in clothing stores, restaurants, babysitting, working at parks, and for some of the guys, working on construction jobs. All were involved in some sports including hockey, soccer, skiing, biking, skating, and many other sports activities with friends. One of the girls was a coach for a kids' basketball team. Music was an interest for all of them and one sang in a choir, one played the piano, and a couple played in bands and/or orchestras. Activities with friends included hanging around and talking, watching videos, going to movies, going out to eat, having fun with youth groups and with friends. Many had had the opportunity to travel and this included a trip to Europe, helping to build a church in Ecuador, travelling with a church group to a developing country, travelling with a choir and travelling with their families.

These teenagers are not into a lot of risky activities. None of the teens in these groups used drugs and although some drank on occasion, they seldom drank in large quantities. "Every once in awhile we get together and get a little bit drunk" (Norman A:920). "I don't mind drinking every once in awhile, it's kind of fun. But I'm not into drugs, it just doesn't really interest me" (Neil A:246). They were aware of other teenagers that were drinking quite heavily and/or taking drugs and

that it was available around where they lived or at their schools. They recognized that alcohol decreases inhibitions and that this could influence behaviours in general and also in the area of sexuality. Nora also recognized that when people get involved in heavier kissing and petting, they have to be careful. For herself, she wanted to wait until marriage and has friends who have similar ideas.

During elementary school Nathan had been heavily into the risky behaviour of pornography to the point where he had broken into friends' homes to find pornographic materials. "It was like drugs to me. It gave me a high, the hormones got racing and it was a nice feeling. The only problem is, it's just like drugs, you have to get harder and harder stuff to get that high" (Nathan A:390). He realized the damaging effect this was having on his mind and his views of women, "I could no longer look at a girl and see anything other than just her body" Nathan A:479). In junior high school he stopped his search for pornographic material, admitted to his parents what he had been doing, and got help from his pastor and a counsellor. He was thankful he had changed, especially when he realized he could have been in the same situation as the group of friends that he had had in elementary school who are now drug dealers and, "Some of the girls, every Friday night, their big thing is to get drunk and get laid" (Nathan A:372). He said he was happy, proud, and somewhat surprised that he was still a virgin and was determined to stay that way until marriage.

The teens who had more than one sexual partner also lived very busy lives and were very involved with a variety of activities. In addition to their school and

other activities with their friends, most had part time jobs. Marg, Molly, and Martha also did volunteer work including peer counselling and helping a community agency with teen workshops on sexuality. Molly said she had the respect of students and teachers and attributed this to her work with peer support and in assisting teachers in their teaching of health classes. All enjoyed music and most were involved in a variety of sports.

Mike said he tried drugs once but it gave him a headache so decided it wasn't worth it. He thinks smoking is a waste a money, tastes bad and also causes cancer and he's not particularly interested in drinking. He had moved out on his own which was sometimes difficult and contained its own risks. Molly stated that at her school there was a fair amount of drinking and doing drugs on school property and that some people even pass out at school. "There's a lot of drinking, like, there are people bringing their own alcohol to school and drinking in the lunch rooms and stuff" (Molly A:883).

Most of these teens had also been involved in some risky behaviours. Max talked about fights with teens who belonged to a different racial group and also about doing petty crimes. Since he was in his last year of high school, he was stopping some of his risky behaviours because he did not want anything to jeopardize his future.

The teens who had a lower image of themselves seemed to have friends who also had similar problems and they were involved in more risky activities. Molly said that one night she and some friends were drinking and about 10 of them got

into a car, hit a big hole, went off the road and almost hit a tree. No one was seriously hurt but it really scared her. She thought that sometimes drinking and taking drugs was a reaction to problems in a person's life and sometimes like a cry for help.

> With all the drinking and drugs and everything right now everyone is crying out for help. It's too much for them, everything is too much for them right now. It's an escape. Like I don't know one person whose been involved with drinking and drugs without a reason behind it. Like abuse is really on the rampage at our school. There are so many kids I've seen who have been abused by their parents and step parents and siblings and stuff like that or relationships. It's just on the rampage and they just don't know what else to do. (Molly A:1676)

Martha got involved at an early age with drinking and drugs and also with skipping school. She got to the point where she wanted to stop drinking and taking drugs but she didn't know how because all of her friends were doing the same thing. It was the support of her parents and counsellors that helped her change her behaviours.

Marg stated she used to sneak out of her window at night to be with her friends. Sometimes they would walk the streets or go to a friend's house and watch a movie or whatever. When she was out at night she carried a knife with her.

> It's dark and it's a 20 minute walk so I always had a knife with me. I'd never come into any... but, just in case, I like to have it. It's not even that long but it's nice if you have it. (Marg A:2157)

Even though she was very good in school, skipping classes became common and did have an effect on some of her marks. She and some of her friends had been arrested for shoplifting.

> I like it. It's fun, it's something to do. Not like let's go on a crime spree, no, it's kind of hard to explain but it doesn't bother me. I'm not afraid of the law,

> I'm sure I would if I got arrested again, because I got arrested awhile back for shoplifting. (Marg B:1404)

She admitted that she smokes and drinks and had taken a variety of drugs. Mary seemed to get involved with boyfriends who took advantage of her not only physically but also to borrow money and not return it. Her brother had also frequently taken drugs.

School

All of the teens in the study were going to school and therefore school was a major component in their lives. An important aspect of school was that it was a place to make friends and to get together with friends. Most teens identified school as an important place to get an education so that they could get a good job and have the life style they'd like.

Most of the teens who had not had sexual intercourse took their school work seriously and hoped to go on to university or a community college. While some were average students, others had taken several courses in the international baccalaureate program and some had very high marks. They tended to be involved in a variety of activities but maintained a motivation to study and do well in school.

> I think it's pretty important, because school is getting you the whole rest of your life, because it'll help you get a job, it'll help you pretty much get a husband and get kids and everything. So if you've got a real good paying job, you're going to be able to have a family you've always dreamed of and everything. Besides it's fun to have money, it's fun to be in a job you like instead of working in a hot dog stand for the rest of your life. (Nancy A:380)

While some of the teens who had been sexually active had done very well in

school and were headed for further education, others had experienced some difficulties with low marks. Although Martha's marks were fairly good in junior high, they dropped in high school.

> The fact that it's very easy to skip... like my first three weeks, I basically never went because, wow, I can do this, nobody cares. Until it hit me, my God I'm failing! So I don't know, my marks, I just haven't been trying. (Martha A:277)

At the second interview she said she had passed all her courses and in her final year she was really going to work hard and not skip classes. Sandra also had good marks in junior high but her marks went down and she failed a couple of courses in high school. She said her boyfriend influenced her to skip school as he said that he should be more important than her school work. "So, I kind of started putting off my work to be with him. Eventually I just didn't want to do my homework any more and I didn't. That was basically it" (Sandra A:80,125)

Others had difficulty studying. It was particularly difficult for Mike since he moved out of his parents place to live in an apartment on his own. His teachers had encouraged him since they said he was smart and could do well if he studied.

> In a way it's important to get higher marks. But I don't know, I just have problems studying. When I go home I set down my books, I go to eat something, then watch TV, then call my friends. They'll probably ask me to do something and I go. Oh, I'll do it tomorrow. (Mike A:626)

Sex Education in the School

The teens that participated in the study thought they had a fairly good knowledge of the biological aspects of reproduction and that they knew a lot about

contraceptives and protection. Teens in the three groups reported similar experiences with sex education. Most were not sure when they first had "Sex Education" but thought it began in elementary school. "We've had Sex Ed since like Grade four, but that was just like anatomy. This year we actually discussed the things we wanted to discuss" (Molly A:1454).

> Yeah, grade five, we learned about chickens in grade five. That was the big joke where I grew up. In grade eight or grade nine we used to bug the grade five's, "So, have you guys learned about chickens yet?" In grade 11 we had CALM and that was slightly better. (Neil A:1608)

The CALM curriculum is the Career and Life Management Course taught in grade 11 in Alberta schools. It includes content related to examining who I am, what I believe, what I want to do with my life, relationships and also includes a sex education component. Sometimes the content of the sex education portion is not integrated with the rest of the course materials.

Most of the teenagers thought they knew most of what they needed to know in relation to Sex Education.

> We've had pretty much everything about Sex Education. We're getting into date rape and stuff like that right now. I know all that stuff, but some other kids don't, so, we're talking about that now. I know it from the newspaper, I know it from a course I took. Ever since Sex Ed began, we learned stuff like that. (Nancy A:711)

Most thought that Sex Education classes were very uninteresting and did not have much of an impact on them. By the time they had reached senior high, they thought they had heard all there was to hear. They said that kids didn't really care because they had heard it all before.

> They're like really dull, like, you get the same thing every year. It's still going to be something you're going to learn on your own... They actually have to take into account that kids really are having sex. They really need to teach you how to say no. (Mary A:1800,1845)

Although there were many who thought they had learned very little from the current curriculum and presentations in the sex education classes, they still thought it useful to have the classes and had many worthwhile suggestions as to how the curriculum could be enhanced to make the information more useful to the students. Some thought it was a good idea to reinforce their knowledge but there should be restructuring within the sex education unit to include more about relationships.

> The average junior high or high school relationship, we don't get an education on how to react to a significant other in terms of the whole intimate side of things. We're sort of left to do it on our own. You know, should I have sex or shouldn't I? Or how should I react in a situation? (Steve B)

Some ideas for Sex Education classes offered by the teens included having AIDS victims, young teen mothers, and some mothers whose boyfriends had left them because of the baby, be invited to talk to classes. Other suggestions included more discussions about relationships and perhaps,

> ... have a couple in who have been married for 50 years to give them the whole relationship side of it. They could tell them how to sort of attain commitment and sort of being dedicated to a person and being responsible to a person in a relationship. It's like, how do they do it? You know, how do you stand a person for 50 years? We just don't know that. (Steve B)

One teen talked about getting involved sexually and learning from experience. "At that age you try things out and you're a lot more persuadable and you never mature until after you've done it" (Mary B:). When asked if there was anything in Sex Education that could be said or taught that would change any of that she said,

"No, there just isn't. There's just so much information out there you learn from your mistakes, you have to make them first so you can learn from them" (Mary B).

Another suggestion related to instilling a good sense of who a person is in terms of sexuality. She recounted how she and friends had experienced sexual harassment by teachers.

> Sexuality, in the sense of who you are, is also very important and sexuality is a very significant part of who we are and how we think and act. An understanding of ourselves and our sexuality needs to be promoted and not diminished by poor role models such as teachers. If society continues to neglect this responsibility, then we're going to be a world filled with people who are ashamed to be who and what they are in their beliefs, attitudes, and sexuality. (Molly J:152)

Nathan, who had a strong conviction that he would like to wait until marriage to have sexual intercourse, did not appreciate the way Sex Ed was taught in school. "First they talk about safe sex. Safe sex is good, but then they had to change the name to safer sex. Safe and safer" (Nathan A:873). He was critical of the teachers' focus on the correct use of a condom and lubricant. "I thought, she's just telling us, 'Well, if you're going to have sex, please do it right, do it this way.' And I took serious offense to that" (Nathan B:1350). He said that he didn't raise his concerns in class because he was afraid he might be perceived as rude which would not help. To avoid getting into trouble by speaking against the way the class was taught, he missed several classes. He was pleased that at school they also had a guest lecturer talking about some of the risks related to getting pregnant or STD's even when using condoms. She was advocating abstaining from sexual intercourse. "It was really a treat for me to actually hear somebody who was saying, 'Don't have sex.'"

(Nathan B:1338). He said the reaction of the other kids was mixed and that,

> There were a couple of guys next to me that said, "Slip a few beers into this one and she'll probably do it for me." Those were his exact words and I just about hit him. But the majority of them sat up and took notice. I don't know if it will change anything. (Nathan B:1378)

The message the teens reported they had received from Sex Education Classes was that abstinence was the most effective prevention method but since that was considered highly improbable, they should use protection. Most reported that they had had sex education classes over several years and they thought they knew all they needed to know about the subject of protection. They did admit that they did not learn enough about relationships and about the emotional attachment that occurs with sexual intimacy, especially for the girls. Some may have had some misinformation about methods of protection. For example, Mary thought birth control pills could possibly cause sterility.

> I've heard too many stories, there's the slightest chance that it could cause you not to be able to have kids. I don't even want to take it because that's too important to me. I'd rather not have sex than go on birth control. I'd just rather do abstinence than take the slightest chance of not being able to have kids one day. (Mary A:1038)

She reported having unprotected sex on many occasions and did not appear too concerned about the possibilities of STDs and their consequences.

Religion & Beliefs

Church and religion were not strong influences in the lives of most of these teens. For some, church attendance had been a regular factor earlier in their lives

but not for the past several years. For two of the participants, their faith and church were central components of their lives. Some had thought a lot about their beliefs and others did not think about these issues very much.

Two of the teens from Group A came from homes where church and their faith were an important part of all aspects of their lives. They had examined much of their faith and had come to accept the faith of their parents.

One male had not gone to church in several years and said that his friends and family had shaped his ideas and beliefs and not a religious faith. Nancy and her family used to attend church but her younger siblings had not behaved very well so they stopped going. She thought that there was a God but that it was not necessary to go to church. "I believe God is, a relationship with God is inside your self. So you shouldn't gather with other groups of people just to have some other guy talk to God for you" (Nancy A:274). Neil did not attend any formal church but had been reading his Bible primarily so he could talk with more understanding with his grandfather to whom the Bible was very important.

Some of the teens from Group B attended church even though their parents did not. Molly's parents did not attend church and yet she, her sister and cousin went to church on a regular basis. "I believe in God and I believe in the whole thing, the Bible and everything. But I'm not like little Miss Righteous" (Molly A:364). Stephanie's parents also did not attend church or have strong beliefs and although her dad and brother chided her about her beliefs, she adhered to them even though she did not always attend church.

> God is my best friend, even though I go against him a lot. I feel really bad when I do but no one else will ever listen as much as he does, but my dog. Sometimes I really wish God could hide his eyes and not see. I just wish so bad. Sometimes I feel like turning my whole life around but I can't... I think church has really brain washed people. I don't believe in church at all. They say it's God's house. Well my house is God's house, God's welcome all the time. He rules over me so it's His house. That's just how I feel because everybody hates church and it turns kids off. (Stephanie A:611,681)

Marg went to a Catholic school and attended church fairly regularly.

> I usually do believe there's a God but every once in awhile I don't care. There's probably not. I don't know if there's a heaven or whatever but it's nice to think there is, that when you die you won't be like gone. Then I'm kind of thinking, what if I die, I don't really want to be alive for the rest of forever. I could get bored... I challenge my beliefs, but I accept them. Like, I accept, like, I believe. Like, some things I kind of put off and say, ok you guys can believe that, I'm going to stick to this. (Marg A:1203)

When they expressed their own beliefs and values, these varied from some acknowledgement of a God to strong atheist positions. "I have little beliefs, but nothing that is majorly strong" (Sylvia A:397). One male said that although he went to Catholic schools for many years he didn't believe what they taught. "I just don't believe in any sort of certainty. I think it's pretty egotistical for people to think that we're some kind of special beings in the universe, that we have one God for ourselves" (Steve A:1014). He suggested that probably the strongest influence from religion was the golden rule, to do onto others as you'd have them do to you. One male said very strongly that he was an atheist. "I don't believe in any God whatsoever. I believe that you're here, we have one life, we have nothing else after this" (Max B:293). He felt he had adapted his own moral code from what he had seen in life and it included being honest, not breaking promises, and being good to

people. Martha also denied a God and developed her own belief system.

> To me there's really nothing. I don't believe in God. I don't believe in the Devil. I just believe we're here. Who knows why, but we're here. Let's just exist... I just believe in the evolution thing, somehow it started and somehow we've evolved. Just live each day to the fullest you know. Everybody lives and dies and that's just the way, you know, life goes on. (Martha A:630,657)

Sandra was a Catholic and went to church on special occasions. "I've always believed in God, I've always been really religious in my own way. I've been in religion classes and stuff, you know, pray and all that stuff" (Sandra A:1882). It was difficult for her as her boyfriend didn't believe in God. When he wanted to get her pregnant he had talked to her about raising a child without religion.

> He said to me, "Promise me one thing, if we ever have a baby, that we'll agree that there's no God. Or we'll agree that we won't teach it a religion or something." You know I just couldn't do that. I've already decided I want my baby to be baptized and I want my baby to grow up knowing the Catholic faith. (Sandra A:1896)

She had not resolved this with her boyfriend and she was still quite emotional when discussing the topic.

Personal Perspective (Covariance)

The Personal Perspective includes variables that give an indication of the adolescents' progress in the development of their identity. The variables include their View of Self which incorporates a sense of who they are, their own stage of development and the influences on their own self image; their Perspective on Life and Beliefs including their view of themselves in the world, their ideas about the future and what they would like to do in life, and their beliefs and philosophy of

life; and their ideas about Relationships, Sex, and Love. It is a distillation of how they have responded to the context in which they live and is their own synthesis of who they are and what they think and believe and plan for the future, what they have made their own.

View of Self

> It's the question, who am I, where am I going, the typical teenager question that I have to answer. (Stephanie A:812)

"Knowing who I am, accepting and loving myself" are important aspects of adolescent development. Although most of the teens talked about grappling periodically with the issues of who they were, many of them reported that they had a fairly good view of themselves and considered that they had good self-esteem. These adolescents reported they had thought a lot about life and themselves and thought they had valid pictures of who they were, their abilities, views about life and the future. "I did a lot of thinking about who I was and what I wanted" (Sylvia A:628). Most thought they could see their strengths as well as their weaknesses.

> I think I have high self-esteem, some of my good qualities are probably academics, like school, and I think being a friend. I also have a bad temper and I work at that. (Nora A:475)

Stephanie recognized that even though she thought she knew who she was, this was not exhaustive and, "You search for yourself your whole life" (Stephanie B:1486). Nancy did not have as good a view of herself and she said she was well liked only by a small group of close friends. When Marg was younger she did not think she

had been well liked either, but was now feeling better about herself even though not everyone had a high opinion of her.

> I was a total geek and it totally devastated me. Now I'm liked by quite a few people. There are still some people that really come down on me. Last year there were rumours that I was like a slut and totally easy and stuff like that. And it's like, no. (Marg A:2047)

Most of the girls in Group B2 struggled more than the other teens in the study with a sense of who they were in the midst of their experiences with life. They realized that the process of self discovery, knowing who you are, and knowing what your beliefs and values were is an ongoing process and is subject to many influences.

> I believe I'm on my way there [to having a sense of who she is]. I know who I am and what I want. But sometimes it's hard to get at. Sometimes it gets lost you know and you've got to go find it again. (Molly A:530)

At other times, Molly said she wasn't sure who she was, especially in the area of sexuality and she was feeling very confused.

> I'm in the middle of struggling to find myself and decide on my limits and find out about how I feel about my sexuality. After the rapes and sexual molestation and abuse, I don't know how I feel about myself. I know I need to set my limits at a level that is right for me, but that's hard, when I'm not sure who I am or what I stand for. I am so confused. (Molly J, 322)

Marg thought she would know what her values were if she had to make a decision but she still sounded somewhat unsure.

> I think I've established my values. I wouldn't want to write them down on paper, because I probably couldn't think of them. But when it comes up then it's like, well I don't really want to do that, or, I would and then I wouldn't and then I don't know. (Marg A:1687)

Even through difficult circumstances, they told themselves to be positive about

themselves.

> Be proud of what you've accomplished and who you are. Tell yourself, I love myself. Just make sure you love yourself and you know yourself. Be secure with what you like and what you want out of life. (Molly B:614)

Stephanie worried that people had high expectations of her and placed a lot of confidence in her abilities and that she might not always be able to live up to their expectations. "I'm a person. I make mistakes. I'm not a brain child who can solve all the problems of the world" (Stephanie B:117).

The home environment and family were recognized as significant influences. Molly reported that it was very stressful for her living at home. Some people had reported the abuse to Social Services and after interviewing her and her sister they put her in a foster home for three months. "Now I'm back, I've got a lock on my door, and I don't talk to my parents" (Molly A:48). "We are very affected by the people we live with, that's for sure" (Molly A:211). She recognized that she had problems with her parents and although she had been to many counsellors, she still had a lot to work through. "I think they [the experiences] just got put on the back burner and I'll probably have to deal with them when I'm ready. But I'm not ready yet" (Molly A:1235). She had taken an overdose at one time but said it was not really to kill herself, "It's just when you get too stressed out and it is too difficult. When my family's getting screwed up and stuff, it's too much sometimes" (Molly A:1838).

Mike had conflicts with his mother so his dad decided to move him out of the home and they helped him get set up in his own apartment. He worked part time

and his folks helped to support him and he still had trouble relating easily with his mom. Mary reported conflicting views about her family.

> We have a very strong family which is good because like everything in our household is almost perfect. My dad almost moved out in June because my brother's really bad and he gets into lots of trouble. (Mary A:1277)

With her parents' help, Martha got counselling to help her change her behaviours, particularly related to drugs and alcohol. She said she had been the rebel of the family and did not care what her parents thought at the time.

> I did my own thing, yet even when I was doing my own thing, it really did bother me that my parents would be upset by it. I listen to my parents a lot more than I used to just because I'm trying to get their approval. (Martha A:565)

She returned to school and started making new friends. "I'm pretty happy with myself. A couple of years back I was into the whole suicide kick. Now I'm off the drugs, I'm not drinking, and I've got good friends" (Martha A:1844).

Several teens mentioned the importance of appearance and image as a significant contributor to self esteem and self confidence.

> In Grade 7 I started dressing nicer and I started seeing myself as somebody and I could have a chance. I started getting some boyfriends and I started to get my self-confidence back. I would meet more people because I'd be more outgoing because I felt more confident. So usually I have a pretty good self esteem. (Marg A:1458)

> I spend a lot of money on my wardrobe. I like dressing nice and I believe it's a circle. You dress nice, you look good, people talk to you, they get to know you, they like you, you get more friends... It's a circle that leads to increased self esteem, you feel better about yourself, you feel more confident about yourself. That's why I dress this way. (Max B:1156)

Keeping up an image in front of friends was also important to some. Max

acknowledged that he sometimes acted in certain ways in front of his friends to give a "macho image".

> In front of them [his male friends] I give this attitude that I'm in control, I dictate how it goes. I've got to, so I look good in front of my friends. There's still this masculine type thing, this macho thing, I'm not going to give this up for her. Sorry, I'll be a real shit, but I still want to appear macho to the other guys. (Max A:1026)

He wanted to be cool. "I guess that takes big clothing, big car, power you know, not necessarily a girl either, just power" (Max B:1244). To him that meant he needed to have money so he would need to get a job or steal stereos and items that could easily be exchanged for dollars. A girlfriend was also important to him as part of his image. "All my girlfriends were usually pretty trendy, pretty top-notch. It's a status symbol, big status symbol" (Max A:1105). Mary also talked about how her image went up in the eyes of others when she went out with a cool, macho guy.

Most related that they were quite strong in following their own ideas and did not think they could be persuaded easily to get involved in activities or behaviours against their wishes. Some had strong views and were not afraid to stand up for them and to do what they thought was best, although they recognized that they were not always like that in the past.

> I have a pretty high self-esteem. I know more of the kind of person I am. I think before I kind of went along with the flow, now even though I still try and please everyone, I will always do what's best for me. (Sylvia A:1638)

Although Molly has to continue to examine who she is and what she thinks, she said that most people had come to respect her. "I have my own views and my own values. Nobody can make me do anything I don't want to do" (Molly A:572).

Martha found she was often in conflict regarding whether to do what her friends were doing or to do what she thought her parents would want her to do.

> I didn't want to hurt them [parents], it was always in my mind that if they found out it would really hurt them and I can't do that. But with the people I was with, it was, I've got to or I don't have these friends. Who's more important here? I don't know, it was just a big battle. (Martha B:905)

Doing what you think you should do was not always positive in the lives of the teens. Marg's friends were very important to her and although her parents tried to restrict her dating and going out with friends, she would sneak out the window even after her parents had screwed the window shut. She would unscrew it, go out to visit friends and party, party, party. Even though she was caught and got into trouble, she continued to sneak out. She thought that as soon as she was of age, she would move out or her parents would kick her out. Sandra recounted that she had not followed her own convictions in using birth control pills and as a result of her pregnancy she had had to grow up very quickly and take responsibility for her actions, her pregnancy, and her choices related to schooling and child care.

> I think my mom would watch it for me. I'd probably go back for my Grade 12 and then finish Grade 11 by home correspondence or summer school. By then the baby will be almost 6 months old so I should be almost done breast feeding. Because milk is too expensive, I already have it all planned, breast feed full time for six months and then part time for two more months or something. That way I'll still be able to go to school and won't have to worry. (Sandra A:1048)

While most of the teens in the study had a fairly good view of self and thought they had a realistic picture of who they were, some were confused and their experiences had contributed to the confusion. The females in Group B2 struggled

more with their lives and identity than did the others.

Perspective on Life and Beliefs

Setting goals, planning for the future, knowing what one believes and values are important concerns for teenagers. All of the teens in Group A and some of those in Group B1 and B2 had a positive view about life and although the future was uncertain, they seemed to be looking forward to what the future might hold. Stephanie had however developed some pessimistic views that went well beyond her every day activities - concern about the world in general and she attributed that to her negative attitude about life.

> The only thing I really think about is the world and how we're self destructing ourselves. It makes me really sad, that's probably one of the reasons I have such a bad outlook on life. Nobody really cares, nobody understands what we've done and what we are doing. I don't know, it's just crazy. (Stephanie B:852)

She also worried about the future and whether she would make it in the world and whether she would be alone. "Basically I'm really worried that one day I'm going to have no one. I'm just scared to get out there and be alone" (Stephanie A:783). Although Sylvia had a fairly good view of self and aspirations to go into business at University, she sometimes worried about the uncertainties of the future.

> I just want to be able to know where my life is going. I know you can't but that's what I'm more worried about. I wish I could just predict it and it would just happen that way. (Sylvia A:582)

Although the teens were very interested and involved in a variety of activities, they also were serious about school and getting good enough marks to get into

university or college. All had ambitions for education beyond high school and although they hadn't all settled on specific career goals, they had several ideas of where they were heading. Many of the girls had an interest in helping people, in nursing, teaching, counselling or psychology. Many mentioned helping their friends and supporting them by listening to their problems.

> I like working with people and I'm a good listener and I can listen to people. I usually help my friends and stuff like that and I thought helping would be a good thing to do. (Nora A:249)

Because of her experiences in supporting friends through their problems, Stephanie wanted to go into Psychology. "I'm counsellor for all my friends when they have problems. I think it is really fun. I love to help people" (Stephanie A:103). Sandra too had experienced her friends coming to her with problems and had therefore started to lean towards one or other of the helping professions. "I've always played shrink to everybody, everybody comes to tell me their problems. I love hearing everybody's problems, it makes mine seem so small in comparison - until this came along [referring to her pregnancy]" (Sandra A:1438). Marg, Molly, and Martha also mentioned wanting to do counselling of some sort and said they have often helped and listened to their friends. Martha said her mother thought she might just become a secretary or be on welfare for the rest of her life. She is determined to show her parents that she can get through school and make something of herself. "I really want to make it somewhere, like I want to be able to be independent. I'd like to have a job and be able to live and not have to rely on other people" (Martha A:783).

Most talked about goals for the future and the importance of reaching for something. "I want to have a career, I want to have a life, I want to settle down and have one person my entire life will revolve around. I've always had a goal, something to shoot for" (Max A:1788). Others were still considering a few options such as science, environmental issues, a youth pastor, business, engineering, and law. All but Stephanie and Molly were interested in marriage and a family in the future. None wanted to get married too young and hoped to be somewhat established before taking on the responsibility of raising children. Some wanted to put off marriage until they are financially secure. Kids would come later for most of them, except for Sandra who was facing parenting in the near future.

Because of Molly's experiences in life she said she did not want to get married and have kids because, "I don't want to screw up my kids" (Molly A:186). Stephanie did not think she wanted marriage or children because of the poor marriages she had seen, her pessimistic view of the world and the pain she had experienced. "All the pain I think is twice as hard as one time of gladness. I don't know if I'd want to bring someone into that, that would be really hard for me" [talking about not wanting to have children] (Stephanie A:430).

Their philosophy and beliefs about life came from a variety of sources including the variables discussed in the section on Context. Organized religion was not a major component in most of the teens lives. Nora and Nathan reported strong Christian beliefs and said they had examined their beliefs and made them their own. Their Christian beliefs gave them a perspective on life and had become central to

all aspects of their lives. Sandra was Roman Catholic and she realized how important her faith was to her when her boyfriend, who was an atheist, discussed his wish that their child not attend church. Norman had no formal religious beliefs, "All these different religions, you don't know which one to pick. I just hold my own that there is somebody out there that can take care of me" (Norman A:773). Sylvia said she did not have strong beliefs, but had some "little beliefs". Stephanie believed in God as an all powerful being who loved her even though she may do some "bad" things. "I know I've done things a stereotypical God would say was bad. I don't think I'm bad and my God doesn't think I'm bad, so I'm good. Sometimes I've done bad things" (Stephanie B:1384). Steve and Susan did not believe in any personal superior being but that the universe developed by chance. Most of the others thought there was some type of God but did not attend formal religious services and religion didn't seem to play a big part in their lives.

Most thought they should be concerned about other people and not live only for themselves. Some of their views of life included getting the most out of life, and learning from all your experiences. A common theme for these teens seems to be a focus on learning something through even the hard circumstances and experiences of life. For some they saw no other way to learn but through experience. Some of their perspectives and philosophies of life are apparent in the following statements as expressed in the teens' own words.

> It's not something that I brag about, but it's not something that I really regret. As far as I'm concerned everything that happens just makes your life stronger. (Mary A:892)

You learn from your mistakes, you have to make them first so you can learn from them. (Mary B:1028)

I mean I'm not too happy with myself that's for sure, you know in a way I'm glad I learned a lot. (Martha B:452)

Of course with the anger comes hurt always, but life goes on. (Stephanie A:504)

I don't care about scrapes and bruises, it adds character. (Mary A:1692)

I think you only go through life once and you shouldn't make it one big book. You should enjoy your life and meet new people and have fun. (Max A:229)

You only live one life so do everything you can in that one life. Burn like a white star, die in 20 years. (Max B:1325)

Live each day to the fullest. You know, everybody lives and dies, that's just the way life goes on. (Martha A:663)

I'd rather be happy than have money. (Molly A:308)

Some guy predicted that the world was going to explode in six months or next year. But I really don't care. We are going to die anyway some day. (Martha A:1805)

Relationships, Love, and Sex

I need a friend before I need a lover. (Martha J)

Wanting to be loved and valued, enjoying friendships, and learning about love and relationship are of major interest to teens. Friendship and relationships were valued highly by all of the teens in the study. They thought it was very important to consider others and to help build others up and not do everything for your own personal benefit. Many of the teens felt strongly that romantic relationships grew out of friendship and it was important to develop good relationships with a

girlfriend or boyfriend.

> I think relationships grow over a period of months and even years. They start out as a friendship and then gradually you learn more about each other and sometimes you just become attracted to each other and you start going out. I think that's how relationships are formed. (Nancy B:261)

Knowing their partner as a friend was essential to the teens in Group B1. Steve and Susan found that as their friendship deepened they began to show their affection for each other in intimate ways which led to sexual intercourse after about six months of dating. For them, sex was not something you could isolate from the relationship and talk about by itself, but was part of their relationship. The other females in group B1 and the males in Group B2 also talked about the importance of friendship with their girlfriend or boyfriend. Although the females in Group B2 talked of the importance of friendship, their experiences with sexual partners had primarily been relationships where sex had been the main and often the only focus. They frequently wished to have someone who would be interested in them and care for them and not just want sex.

> I really want to know the person for once. I've never really been attached with them emotionally. It would really be nice to have somebody who actually really showed that he cares, not just, let's jump in the bed. I'd really like to find somebody who is like that. (Martha A:1873)

The term love was not easily defined or understood but was readily used by the teens. Nora thought it was very difficult for young teens to really know what love is. "I think I loved him as a friend but I wasn't in love with him. I think I was too young to know. I was 14, and that's too young for anybody to know what love really is" (Nora A:687). Stephanie said she thought she had been in love twice and

referred to still loving the memories, but not the person. She conceded that she had been impressionable in Grade 10 and, "He swept me away" (Stephanie A). She referred to love being over when, "... I was like giving things to him but he wasn't giving anything back" (Stephanie A:991). For her, love had led to being hurt and she didn't want more pain. "I always end up being hurt, no matter how fun it is while it lasts" (Stephanie B:691). Sandra was not convinced by her boyfriend's statement of love. "I think he was just saying it at the beginning because he just felt he should" (Sandra A:274). On reflection back to that relationship she thought he did grow to love her and that she loved him too.

Some thought they were in love, some realized after a time that they were not, and others were confused about love. Max thought he was in love and tried to describe what love was for him.

> I guess it's when the person is more important to you than anything else. You'd do anything for the person. She occupies your thoughts all the time, whenever you do anything you think of her first, how she'd react and then decide. (Max A:386)

Marg discussed how much she liked one of her boyfriends, "It wasn't a crush, it was like I really, really, really thought I liked him, loved him a lot" (Marg A:713). She later ended up saying she hated him and wanted to be more careful about saying she loved her current boyfriend whom she had known a week.

> All his friends say that he just totally loves me. You can't love a person after a week. I don't want to get hurt, and I don't want to hurt him either so I'm not going to say I love you until I'm ready. Cause "I love you", it seems to a lot of people that it's just a statement that they throw away. (Marg B:930)

Most of the teens in Groups A and B1 had the perception that sex was special

and should be reserved for someone you really cared for and that both agreed that you wanted and were ready for sexual intercourse. It was not just something to do. Steve and Susan viewed sex as a part of the relationship and not something you could separate out of the relationship and examine by itself. Mike also now thought that sex was only a part of a relationship. Nora and Nathan thought sex was a significant part of a marriage relationship and should be saved for marriage.

When the teens were asked when they thought it was alright to have sexual intercourse, their responses differed. Some thought it might be alright if you were really close and had dated for a few months, some thought after five or six months it might be OK but you should also know each other well and both should be ready.

> I don't think you necessarily have to go all the way. I don't think you should, I don't think you need to rush into it. But it depends how close you are, how good you get along, and if you trust each other and stuff. Then I think it's OK, but I think you have to know the person you're with too. (Neil A:1705)

Nancy emphasized that a couple should be ready both emotionally and physically and that sex should never be used to try to hold a relationship together. Sandra, Stephanie, and Mary thought that it was OK if you were serious about each other and were in love or thought they were in love and you were mature and prepared for the possible consequences. Mary did not agree with her boyfriend's view which was, "Sex is first and everything else after" (Mary B:18). Although she did not agree, she ended up in several similar relationships following the first one.

Some of the teens thought it was OK to get involved sexually with someone if

both people agreed, even if the two people did not really think they were in love.

> If both people, they're young and they don't really have any plans, so they're just experimenting and don't think much will come from it, so just have fun and enjoy themselves. (Norman A:311)

Molly thought if the couple did not know each other well enough sex would just ruin the relationship. Stephanie emphasized that while she only wanted sex to enter a relationship in which she was serious about her partner, she felt it was up to the teenagers to decide for themselves, it was their choice. "It is OK whenever they feel it is OK, they are doing it voluntarily and they want to do it. It is their choice" (Stephanie A:1436).

Neil thought that sex should be special but thought that many teens viewed having sexual intercourse as a kind of sport. "They think it's kind of just something to do, like go skiing or something" (Neil A:1822). Some of the females talked about the uniqueness of the first sexual experience and losing their virginity. "When you think about it, you are giving him the best thing in your life. Once it is gone, it is gone, and you can't get it back, it's really annoying" (Stephanie A:1087). "I was unsure if I liked him that much to give him everything I had" (Mary A:375).

After counselling to help combat the influence of pornography on Nathan's life, he said he thought there were many ways to express love that did not have to involve sexual intercourse.

> I guess just to be able to be with that person and let them know that, yes I care, yes I'm here. I'll cry for you, I'll laugh for you, I'll do whatever I can that's in my power. And you don't have to touch the person to do that, you can see that in physical just holding of a hand, or eye contact, a smile or cheer. It can be demonstrated in just about any way. (Nathan B:714)

Stephanie talked about how her ideas about the place of sex in a relationship had changed. She went to a religious school and premarital sex was considered very bad. She said her views had changed and she could make up her own mind. Sandra had not planned on getting involved sexually until she was married, but, "It didn't happen that way" (Sandra A:377).

Although Martha had had at least eight partners by the age of 16, she wrote that she would like to get to know guys and, "I really don't even want sex to enter the relationship until many, many years down the road" (Martha A:1873). She found her own goals hard to follow.

Intentions (Contingent)

"Wanting to be close, considering sexual intimacy, recognizing risks, wanting to be safe, and making choices" are all important in establishing a teen's own view of the place of BSA and BSR in his or her own life. Whether or not the teens were sexually active was contingent upon the decisions they made consciously or subconsciously regarding when it was OK for them to have sexual intercourse. For some there were not specific decisions but rather an intention to act or a predisposition to act. The intentions related to BSR were clear for all teens. They all believed that if they were sexually active they should use protection and they intended to use Protection And Contraception Together (PACT). The intentions of the teens related to Being Sexual Active included;

- Save Sex For Marriage;

- Wait For The Right Person and For Both People To Be Ready And Want To Be Sexually Involved; and
- Mutual Consent.

The intentions related to BSA and BSR are a distillation of the influences from the context variables together with the Personal Perspective variables. The teens developed a view about how sexual behaviours fit in their relationships and their lives. For many, the intention regarding BSA was closely related to their intentions to use adequate protection and to be sexually responsible. All of the teens thought it was important and all wanted to be protected from pregnancy and STDs. Their sense of self and strength of identity and the relationships and situations they found themselves in or chose to be in had an influence on their ability to follow through with their intentions. Experiences with BSA and BSR continue throughout life and relationships and therefore the intentions in this area may change with experience and as beliefs and perspectives about life are altered. Those who did have sexual intercourse experienced results or consequences of their actions which sometimes altered their readiness to be sexually active and their resolve to use protection. The intentions and some of the changes over time are discussed together for the teens who had chosen the different perspectives related to BSA and BSR.

Intentions Regarding Being Sexually Active

When is it OK to Have Sexual Intercourse?

- **Save Sex For Marriage**

Nora and Nathan realized that within society and the communities in which they lived, there was an acceptance of teenagers having sexual intercourse, and that within this environment, abstinence was not a realistic expectation unless there were other factors that would give reason to behave differently from the norm. These teens were raised in families where Christianity was lived and taught, they attended church and had thought through their beliefs and had made them their own. Their families, faith, and the friends they spent time with all supported their belief that abstinence was possible for them and that sex was a wonderful and special part of a loving relationship and should be reserved for marriage. "I think sexual intercourse should never happen before marriage, that's just what I think. I know most of my friends see it that way too" (Nora A:723).

> It's definite we're not going to have sex. Everything is fine. Hugging and kissing is fine, hugging and kissing is great. There's nothing wrong with it, I love it, it's great fun, but to take it all the way as it were, no! (Nathan B:830)

- **Wait For The Right Person and For Both People To Be Ready And Want To Be Sexually Involved**

The other three teens who had not engaged in sexual intercourse and all of the teens from Group B1 talked about not having sexual intercourse until they found the right person and both partners really wanted to be involved. Most thought it was really important that they really know and care for each other. They thought

sex was a special way to show love within a relationship. "I think it should be special, like you know, more for someone you really care about, not just something to do" (Neil A:1822). "I think if you really really love a person, it's supposed to be a wonderful thing for two people to share, and it's not just a one night stand or something" (Nancy B:183). Nancy and Neil were still waiting for the right person. Although Norm thought he had found the right person and would have liked to have engaged in sexual intercourse, his girlfriend was not ready and he was not pushing her to be involved.

The five teens in Group B1 all talked about getting to know their partners as friends and learning to care about each other, some thought they were in love. None felt that they had been strongly influenced by peers or their partners but felt that they had found the right person and together with their partner made the choice to be sexually intimate within their relationship.

They felt they had lived this intention and waited for the right person. Susan and Steve were still dating each other and seemed to have a genuine understanding of each other and cared a lot for one another. Sandra had thought that she would marry her partner and still hoped they would get back together again. Stephanie and Sylvia had both broken up with their boyfriends and recognized the deep emotional attachment they had built with their first partner. The breaking of these bonds brought pain and this strengthened their resolve to wait for the right person. They said they would be more cautious in developing future relationships and would be firmer in waiting to be sexually active until they were sure they were ready for that

added emotional and physical involvement.

- **Mutual Consent**

The teens in Group B2 thought it was OK to have sexual intercourse if both partners consented. For some of the teens, it was not important that the two people be in love or even really care about each other, as long as there were two consenting partners. Although this was the stated choice for some of these teens, even this did not always happen in practice. For the females in particular, their experiences were not consistent with what they wanted to happen, primarily due to pressures from peers, partner, and/or society.

Max and Mike were in ongoing relationships with their respective girlfriends. Over the course of the two interviews, both talked about the value of their friendship and that they cared a lot about their girlfriends. This led me to assume that their sexual intimacy involved not only mutual consent, but two partners that cared a lot about each other. Mike reported that his first experience with sexual intimacy however, was not with his full consent but that a sexually experienced girl coerced him into it. He also was pressured into sex on several other occasions by the taunting of friends - both male and female.

Molly's first sexual experiences were the result of sexual abuse and rapes which were certainly not with her consent. This made her look forward to sex of her own choosing. Martha's first experience was because she did not want to be "the last virgin in the school" and she wanted "to get it over with" with someone no one knew. Therefore she consented to sexual intercourse when she was out of

town and with someone she did not know. Alcohol and drugs altered her ability to give consent on occasion. Due to her experiences with sexual intercourse and its consequences, she expected sex to be part of a relationship regardless of how brief it might last and felt guilty when she said no. Both Molly and Martha came to the point where sex was meaningless and both wrote in their journals that they didn't want to have sex with someone until they had some kind of relationship where they felt known and cared about emotionally before they were loved physically. They talked about the importance of knowing someone and having them really care about you and not someone whose only interest is in having sexual intercourse.

> I really want to know the person for once. Like, I don't know, I'm just sick of these sort of like….hop in the sack and then I'll go with you for a couple of months, and lose any contact with you. I don't know. In a way, it seems too that, well because I've never really been attached with them emotionally… That would be really nice. To have somebody who actually really shows that he cares. Not just like let's jump in the bed, yeah I really care, but more like "yeah, I care and I want to know who you are" kind of thing. Like I'd really like to find somebody who's like that… And I'd really like to know them, too, in the same sort of way. (Martha A:1873)

They'd like to delay sex but because of their experiences are not sure this is a possibility. "I'd really like to know them. I don't know. In a way I really don't even want sex to enter the relationship until many, many years down the road" (Martha B). Molly talked about a new boyfriend and that they had agreed they did not want to have sex but they were willing to do everything up to that point. She later admitted that they were not able to follow through with their resolve.

> Oh we've probably done everything but. We both know what we want and we reinforce that at the beginning of the evening and as we go through the evening because we know that something acted out spontaneously wouldn't do

> anything to help a relationship. I mean it might feel good at the time but it wouldn't do anything to help the relationship. (Molly B:808)

Even though delaying sex and getting to know and be known was their desire, they seemed to think and act as if there was no reason not to have sexual intercourse.

Mary and Marg said that they had consented to sexual intercourse although sometimes with some persuasion. After the first time, it was easy to be involved again and both of them were involved with several partners. Sometimes they had sex with the boy on the same day they had met him. Mary expressed some regrets and wished for more meaning in the relationship.

> I want to like fall asleep with him and wake up with him. I want it to be like perfect and you know go with our relationship. That will make our relationship so much better where most of the other times, it hasn't, like done nothing. (Mary B:588)

Intentions Related to Being Sexually Responsible

- **Protection and Contraception**

All of the teens knew the importance of preventing pregnancy and STDs. They all had had sex education and knew what they should do for contraception and protection against STDs. All said they did not want to have sexual intercourse unless they were using adequate protection, No Sex Without PACT. The teens in Group A had a good sense of self, were not easily persuaded to do something against their wishes, and spent time with friends who had similar values. This was a form of protection for them. It is not clear whether Norm, who had said he was ready when his girlfriend was ready, would also be "ready" with protection when

his girlfriend indicated her readiness.

The teens in Group B1 were also convinced of the importance of using protection. They acknowledged that abstinence was the best method to prevent pregnancy and/or STDs. However, they indicated that abstinence was not realistic for them. They said that their primary reason for sexual involvement was that they felt they were in love. A couple of the teens in Group B1 indicated that the first time they were sexually involved, they did not have any condoms but tried to be careful even though they knew that something like withdrawal was not very effective. After the first experience, this group of teens was consistent in their use of protection, except for Sandra who wanted to become pregnant. Most of them were concerned about preventing pregnancy and were not concerned about STDs because for all of them, it was their first sexual partner.

Although the teens in Group B2 also said they did not want to have sex without using protection, there were several times that the females were not able to follow through with their resolve.

Relationships and Situations (Conditions)

The relationships and dating situations the adolescents found themselves in or chose to be in had a direct influence on whether they were sexually active and/or sexually responsible. "Learning about relationships, talking about everything, learning to share myself" are all important in establishing friendships. The selection of a partner, the quality of the relationship, and the circumstances surrounding their

dating practices are discussed in relation to their influences on the BSA and BSR.

Relationships

The importance of relationships with friends was discussed by all of the teens and was presented in the section on peers/friends. The influence of peers and friends had an increasing importance for these teens and for many, the time spent with friends and the influence of friends was stronger than the influence of family. The development of romantic attachments happened in a variety of ways. Most of the teens reported having friendships with both guys and girls and that often their romantic relationships developed with someone who had been their friend for a long time. This occurred with Nora, who had been a good friend of one boy for about two years and then they dated for about six months. She reported that they had a close relationship and she thought it lasted as long as it did because they knew each other. "We knew each other, we knew our beliefs and what we wanted out of life and stuff" (Nora A:653). While she reported that she really loved him as a friend, she didn't think she was "in love" with him.

Nathan also had developed a romantic relationship with a girl he had met at church and with whom he had been friends for a while. He said they were able to develop a strong relationship and enjoyed talking together about the things that were going on in their lives and mutually supported each other. Another example is Norm, who started dating a girl from school and they had been going out together for a couple of years. He reported that they had a good close relationship and that

although he would like to be sexually intimate, his girlfriend was not interested at this time, and he was not pushing her. These teenagers started their relationships as friends, having met at school, church, or in the neighbourhood. They were frequently involved in a variety of activities, often with a group of friends.

Sometimes friends talked to each other about who liked whom, and they try to provide some assistance in getting people matched up together. "When his friend found out that he liked me, his friend did everything to get us together" (Susan A:289). Susan and Steve began talking to each other because each were trying to match the other with someone else. They began to realize that they had a lot in common; started dating, became very close friends and serious in their relationship.

Some of the teens had not developed serious romantic relationships as yet. Nancy recounted an experience that stood out for her with a guy that she had met at camp and had a short term relationship with. "I think he's the only person who ever really cared about me. He'd buy me candy and flowers and everything and it was so nice" (Nancy B:690). Although Neil had many close friendships with girls, he stated that he had not yet found anyone that he had been serious about for the long term. He had broken off a relationship after going with one girl for a few months because he was concerned that he might become "whipped". "Whipped means being at your boyfriend's or girlfriend's beck and call. I don't really want to get into that. I think the last relationship I had was getting pretty close to it, so I kind of got out of it as fast as I could" (Neil A).

For the teens who did not want to get involved sexually until they had a good, strong relationship with a partner, their discussion centred around development of the relationship, getting to know the person, the time spent talking about many, many things and the quality of their relationship. Sylvia recognized that prior to her relationship with the person she was dating at the time of the first interview, she had avoided getting seriously involved with other guys that she had dated. "I was scared of being in a long term relationship. I would always be the one to find something wrong. It didn't matter if they were the perfect guy, I'd find something wrong, just so I wouldn't have to commit. I guess it's just my way of protecting myself from being hurt" (Sylvia A:1200). Some of her reluctance may have been due to the concern that with a serious relationship, there was an expectation of a sexual relationship.

The males in Group B2 all talked about the importance of friendship with their girlfriend and both were in relationships that had lasted several months. Although the importance of friendship was critical for the females in Group B2, there seemed to be little friendship or relationship with their sexual partners. Martha's initial sexual experience was out of town with someone that she just met that day because she, "Wanted to get it over with". By the time she was 16 she had had eight sexual partners, each of whom may have lasted for a couple of months and she realized as she looked back that she really didn't know the guys and they didn't seem to know her. She said that she had all of the sex that she really wanted and her fantasy was to have a relationship where the fellow really cared about her.

Molly wrote in her diary that she would really like to know something about the fellow and know that they shared some common interest before she was involved sexually in the future. A few days later she wrote that she could not even keep her own goals, with the result that she felt she should have been paid and she felt like a slut.

Mary's first relationship was with a fellow who was older than she, who convinced her that their relationship would be better if they had sex. Although they dated for several months and she thought that she cared for him a lot, their relationship was not easy. Although she didn't take drugs, he was on drugs and this occasionally caused conflicts and on one occasion he raped her. When he moved out of town their relationship stopped and she realized that he had also borrowed a considerable sum of money from her which he had not returned. She subsequently had sexual relationships with several males and it did not seem to matter if she knew them very well or if she was dating someone else at the time. She recounted one week in the summer when she had sexual intercourse with three or four fellows and realized she didn't know very much about any of them. Sex seemed really separate from deep friendship or relationship and was also something she gave to an old friend as a birthday gift. The relationship that Mary was involved in at the time of the second interview, was very troublesome to her. The fellow had been in jail because of crime and drugs and had borrowed money from her and pawned some of her belongings for money. She expressed a desire to not be involved with him, but feared that if she broke off the relationship, she would not get her things

back. She said she was beginning to say "no" on occasion to sexual intercourse, but at times, just let it happen and tried to think of something else. "One time I even fell asleep" (Mary B).

Molly's first experience with sexual intercourse that was of her own choosing was with a fellow five or six years her senior, whom she thought she loved. Although her parents were not very happy about the relationship, she saw nothing wrong with it. "He treats me better than any other guy I've been out with, so I don't see what age has to do with it" (Molly A:1052). She later realized that she didn't know him very well. In other relationships discussion about sexual intercourse began very early in the courtship. In a recent relationship she said that both of them had decided that they did not want to have sexual intercourse together but they were doing almost everything but. She acknowledged that it wasn't long before they did have sexual intercourse.

At the time of the first interview Marg expressed the fact that she had almost been involved sexually with a fellow that she had really fallen for. She was glad she had not had sexual intercourse with him since she knew that he was going after many girls. By the time of the second interview she had had sex with him, although she now expressed a strong dislike for him. After that she had sex with several other fellows and the development of a relationship did not seem a high priority for her. At the time of the second interview she had recently met a new fellow and seemed more interested in getting to know him as a person.

The ability the teens had to develop strong friendships and relationships with

boyfriends or girlfriends varied considerably. The teens in Group A and in Group B1 seemed to take more time to develop friendships and get to know somebody in some degree of depth before becoming seriously involved with them in a dating relationship. The girls in Group B2 developed relationships very quickly, often did not know very much about the person at all and frequently would go ahead and have sexual relationships with them. The better the teens understood the partner and his or her beliefs and values, the more able they were to discuss the relationship and the place of sexual activity and sexual responsibility in that relationship. Teens who had sexual intercourse with boys they did not know well were not as consistent in using protection.

The relationships that teens were in could also support or detract from their desire to use adequate protection. A partner with similar values about sexual activity and sexual responsibility, someone you could talk to about the level of intimacy you wanted and plan the use of protection and contraception was critical for preventing the unwanted consequences of sexual intercourse. The teens in Group B1 had not had previous partners and therefore were not afraid of STDs, they reported that their main concern was to prevent pregnancy. Sylvia bluntly asked her partner what his expectations were after they had dated for about three months and when they had sexual intercourse after dating for about six months, she was already on birth control pills. Stephanie almost always used condoms and Susan and Steve used condoms a few times prior to Susan going on birth control pills. Although Sandra started off using condoms, her partner said he wanted her to

get pregnant and she went along with his wish.

The teens in Group B2 had a variety of experiences in the area of protection. Since Max had had only one previous partner and he was the first partner for his girlfriend, their primary concern was for contraception. He took this concern seriously and went with her to obtain medical advice.

> I don't need a kid, not now, we're still young, we've got the whole world ahead of us. I've got things I want to do still. Something like that would complicate things a lot so I try not to let that happen. (Max B:617)

Mike used no protection until he had an STD and then he made sure he used protection and encouraged his friends to do so also.

> I didn't catch anything from her [the first girl]. When I started sleeping around, that's when I did catch one. It was Gonorrhoea, I cured it with Penicillin. I got treatment as soon as possible and after that, protection. (Mike A:426)

Although Martha didn't go on birth control pills until several months after she became sexually active, she tried to be consistent and sometimes had to take the initiative in using condoms as a form of protection.

> There were a couple of times where I'd have to say "Hang on, you know, we need something here". And they're like what, and I'm like well, "Hey, here, use Mr. Happy, here you go"... I just realized the guy didn't really care. He was kind of, "Let's go and get it over with." I don't know, I'd rather be protected... I don't know. I've just always been terrified of, actually it was more or less just the pregnancy. Like the disease factor never really entered my mind that much. It was more pregnancy than anything. But, after a while it was sort of disease too, especially after all the A.I.D.S. and all that stuff. And I'm just kind of like "we're using something" flat out, or "no good, I'm not going to keep going on". (Martha A:1587)

Situations

The situations that teens put themselves in or found themselves in, had a big significance also on whether or not they were sexually active and how consistently they used protection and contraception. All of the teens in Group A were involved in a variety of activities at home, school, and in the community and most had good friends with similar views and beliefs with whom they spent a lot of their time. They actively put themselves in situations where their beliefs were supported by friends. They did a variety of things with groups and also with their friends. None of the teens in Group A had had sexual intercourse, either because they had not yet met the right person, one of the partners was not ready to be sexually involved, or they believed that sex should be kept within the marriage relationship.

The teens in Groups B1 and B2 also talked about doing a variety of activities with groups as well as with a particular boyfriend or girlfriend. These teens all talked about the fact that most of their friends had been involved in sexual intercourse in either past relationships or current relationships.

Many of the teens in the study talked about getting involved in some situations that had the potential of being risky for them in relation to sexual behaviours. Within Group A, Nathan had been quite heavily into pornography when he was in elementary school. This could have put him in a very risky situation in relation to sexual behaviours as well as other related risk behaviours. He recognized that he had been thinking of girls as objects and deliberately delayed dating girls until he was able to view them as people and friends.

Alcohol and drinking were discussed by many of the teens in the study. A few had also been involved with drugs but these were in the minority. Most of the teens talked about drinking to some extent, although most said they drank in moderation and seldom got drunk. Neil expressed some concern that he had been involved in necking with a girl at a party. The girl was a good friend but they had not been in a dating relationship and he explained that he had been drinking more than usual and that it was not characteristic of him to be necking with someone at a party. His friends teased him by saying they could pick up some girls and he could "Style another chick". But I said, "No, no, it's cheap. It was so dumb. Like it was really stupid but we both had a little bit to drink" (Neil A:1363). He recognized that drinking at the party had lowered his inhibitions and he had allowed himself to get involved in behaviours that he would not normally be doing.

Molly had talked about drinking with a group of friends and several of them had been in a car accident. Fortunately, none of them had been hurt but she recognized that this could have been more serious. She also discussed drinking on various occasions, including drinking before going to school and writing exams, skipping school and sometimes drinking at friends' homes. Martha had been quite heavily involved in alcohol and drugs and attributed these behaviours in part to her sexual involvement with many partners.

Alcohol and drugs also influenced whether the couples used PACT. Martha said that she was usually insistent on protection and the times she had not used any form of protection had been when she was under the influence of drugs or alcohol.

It wasn't until she sobered up that she began wondering about the possibility of STDs.

> We were just very drunk. Actually it was on New Years, we were very, very drunk and it shouldn't have happened. I was sort of thinking about it, but like half, it's just kind of like, I shouldn't be doing this, but I am. (Martha A:1290)

Several of the teens talked about sneaking out at night. Marg had talked about sneaking out her window and even when her parents nailed it shut, she managed to get out to be with friends. She also admitted that she carried a small knife because she was out so late at night with her friends. Steve and Susan talked about sneaking out to see each other. "We were really close the first couple of months. Like, we used to sneak out every night. We got no sleep, we were comfortable with each other. It always seemed like we had known each other for a lot longer than we did" (Steve A:1395). Mary had talked about letting her boyfriend in her bedroom window one night because he had threatened her and he was quite spaced out on drugs. That was the time that he insisted on having sexual intercourse against her wishes.

A few of the teens spoke about going away together overnight and this presented opportunities for BSA. Steve and Susan stayed in a hotel together when they were supposed to be at a graduation party. Max and his girlfriend took a trip to the mountains and that was the first occasion in which they were sexually involved. Molly also told of running away from home and spending the weekend with her boyfriend. All of these behaviours placed them in situations where there was opportunity to follow, or not to follow through on their intentions related to

being sexually active and sexually responsible.

The females in Group B2 allowed themselves to be in more risky situations than did the boys in that group or the teens in the other group. Some of the fellows they had dated had been involved in alcohol and drugs, shoplifting and/or petty theft, and had taken advantage of them sexually. "I've gone out with probably every scum, a lot of them are just cruel losers. I've had bad experiences with guys. I've been raped a couple of times and stuff, so that just makes me more cautious of who I'm with and what I do" (Molly A:1180).

Many times the situations the teens were in were very much related to the kinds of relationships they developed with boyfriends or girlfriends. This put them at risk for not being prepared with protection or able to insist on its use. The teens who tended to allow themselves to be in more risky situations also tended to have less depth in their relationship and sometimes they did not even know the person. The teens where friendship was the most important focus of the relationship were more able to discuss their intentions related to BSA and BSR and to be prepared.

Reasons and Accounts (Causes)

The causes or the reasons for and the accounts given by the teens for being or not being sexually active and sexually responsible included the anticipated benefits the teens thought might occur if they were sexually active. The interaction between the personal perspective, their relationship, the situation, and their intentions resulted in a variety of actions that were not always consistent with their intentions.

Taking responsibility, talking together about BSA and BSR, planning ahead, and taking responsibility for protection were all important influences regarding whether their behaviour matched their intentions. The reasons given represent their own explanations of their behaviours.

Reasons Related to Being Sexually Active

The teens in Group A had Reasons For Waiting to be sexually involved. The reasons and accounts given by the other teens for BSA fell into the following categories; Love, Physical Attraction, and Curiosity; Responding to Pressures; Anticipating Outcomes; Making An Impression; No Choice; and Other Reasons.

- **Reasons For Waiting**

The teens in Group A had not had sexual intercourse and had thus far been able to adhere to their decisions related to waiting for sexual intercourse for marriage or for the right person and relationship. Some of the factors that may have supported them included a good sense of self and a strong belief in the value of waiting until sex fits within the relationship. Being with friends who thought in similar ways and talking with a boyfriend or girlfriend about the place of sex in their relationship were also important support for their intentions and they mutually supported each other in holding on to their beliefs. Their beliefs about the value of sex in relationship gave them reason to wait. Some of them had not been in a serious relationship where sexual intercourse had been a consideration.

For the teenagers in Group B1, their own sexual relationships developed

gradually within a relationship of friendship and trust and they each felt they had found the right person. They were similar to some of the teens in Group A who were waiting for the right relationship. The six teens from Group B2 had been involved sexually with more than one partner. Their accounts of their sexual activities included much reasoning as well as reasons for their continued sexual involvement beyond their first sexual experience. They had definite expectations as to what they wanted from their sexual commitments. Although each teen is unique there were several areas where some commonalities emerged. For each it was a given that they would be involved sexually, it was just a matter of when. Abstinence was not considered a long term option. Some teens thought it was best to wait to have sex until you found the right person and both partners were ready and wanted to have sexual intercourse while others thought that as long both agreed to have sex, they could go ahead. Most of the teens in Group B1 had a partner who was of similar age. Although Stephanie and Sandra were in Grade 10 when they had their first sexual experience, the others were in their last year of high school. Most of the females in Group B2 were younger, in grade nine or ten, when they first had sexual intercourse and their first sexual experience had usually been with an older guy.

> At that age you try things out and you're a lot more persuadable. You never mature until after you've done it so it doesn't matter. There's just so much information out there, you learn from your mistakes. You have to make them first so you can learn from them. (Mary B:1015)

- **Love, Physical Attraction, and Curiosity**

The teens in Group B1 all said that love, physical attraction, and curiosity were their primary reasons for having intercourse and thought they had freely made their own decisions to become sexually involved within a trusting, caring, and committed relationship. "Our friends had absolutely nothing to do with it, we discussed it, we decided" (Susan A:1463). Molly said she thought she loved him and if he had asked her to jump she would have asked how high.

When the couple had a good relationship, they were good friends, loved each other and sex was only a part of the relationship, then they also enjoyed the full aspects of that relationship.

> We were enjoying ourselves and we felt comfortable with each other. Like there's nothing in the world that seemed anything wrong with it at the time, or ever does now. You know, there's nothing I've ever regretted about it. (Steve B:802)

- **Pressures**

Although the four females in Group B1 reported feeling no pressure from the male, it was often the male who initiated the topic and for each of the females, the influence of their partners was significant for their initial involvement. Although they do not necessarily relate to this as pressure, two of the girls reported that their boyfriends told them that they were ready to become involved sexually and would wait until the girls were ready. "Like, we'd already been intimate in other ways. I told her, whenever you want to. Like, I've always been okay with it, it's like whenever you want to, is fine" (Steve A:1443). For them it became an inevitable

event that was expected. Susan [Steve's partner] admitted that they discussed it and decided together when they should become involved sexually and she had felt no pressure from Steve. However, in discussing generally why girls choose to have sex she said, "I think for the most part, the first time is always curiosity" (Susan A). Steve said that many guys do it "... as a conquest sort of thing..." (Steve B). For the girls, Susan said they did it "because of the guys... you rarely hear about the girl initiating it" (Susan B:1308).

Sylvia was concerned about committing to long term relationships and it seemed that in her mind it was linked to sexual intimacy. After she had dated her boyfriend for three months she asked him bluntly what his expectations were and whether he was expecting sex. "He was really sweet about it. He said he didn't want to do it right now because he didn't want to risk any problems in our relationship" (Sylvia A:931). The expectation of sexual intercourse was there and she went on birth control pills before they engaged in sexual intercourse after dating for about six months.

Stephanie and Susan were both 15 when they first had sexual intercourse. Neither had a strong sense of identity and were particularly vulnerable to pressure from their partners. Stephanie admitted that she had experienced considerable pressure from a partner to have sex even though she felt she had made her own choice and agreed to go all the way. She went out with a guy for a month and initially conveyed to him that she was not ready to engage in sex. However, she said one thing led to another and she succumbed to his insistence. She thought this

was a common experience among females. "Every single girl I've talked to, the first time was pressured into it. That's an experience that nobody ever wants to remember, like their first time" (Stephanie A:1136). She thought the guys initiated it and the girls "follow just because they're like, I want to do something for him, because he's done so much for me" (Stephanie A:1081). She does not think that much can be done to help girls resist the pressure to be involved sexually.

> To tell you the truth, I don't think there's anything at all that could help someone go through that experience and can help someone say no. Because girls are so vulnerable to be loved and to be accepted in high school and when you have this guy who's really cool, who's really good looking, and he likes you, and he really likes you, and you're in love with him and he's in love with you, you don't think about the future. You don't think that you'll ever be apart. It's something you have to go through whether you make the right choice or not, you're going to go through it, that's what I think. (Stephanie A:1177)

Sandra also experienced considerable pressure from her boyfriend to have sex and to have unprotected sex. Sandra and her boyfriend talked about sexual intercourse after they had dated about one month and before they got involved physically.

> I'd never even kissed a guy before I went out with him. I knew he'd never really had a serious relationship either so we talked about it for a long time before we did anything. We started sleeping together after about two months. (Sandra A:302)

She said there wasn't a lot of pressure but, "It just happened you know, it just felt like the right thing to do" (Sandra A:2180). When they initially became involved he was prepared to wear a condom but later told her he didn't believe in birth control and wanted her to get pregnant. "I don't remember exactly when but he really

wanted me to get pregnant. I still remember every time before my period would come he would sit there and, 'Oh I hope you're pregnant, I hope you're pregnant.'" (Sandra A:525). Sandra went along with her boyfriend's decision but did experience some ambivalence related to it.

> I partly wanted to, but I knew that I didn't really want to, because I thought, I'm too young to deal with this and what will I tell my parents. So I didn't really want to get pregnant, so I was kind of, you know, oh good. But I was kind of disappointed because I kind of wanted to. (Sandra A:530)

For the teens in Group B2, pressure to be sexually involved took many forms, pressure from a partner, a desire to please, the wish to conform to what others were doing, and the result of confusion due to sexual abuse. Max is the only teen in this group who said he was not made to feel pressure to be sexually involved. Although he and his girlfriend appeared as "friends" in public, in private their relationship developed and they soon became sexually involved. Max said he had made it clear to her that he was ready for sexual intercourse whenever she was ready, all she had to do was to let him know. Depending on the relationship and how this message was given and received, this "readiness" could be viewed as pressure on the girl to be "ready". On a weekend trip together he was ready with condoms when she indicated she was ready. Sexual activity became an almost daily expression of their love for each other.

Although situations involving pressure were most often expressed by the females, Mike also said he felt pressured into having sex by a girl whom he had not known long, did not know very well, and who had had previous sexual

experience. "She wanted it and I was like trying to get out of it, but it just kind of happened" (Mike A:363). Pressure from others continued to influence Mike and he became sexually involved with several other partners, none of whom he seemed to know well. He moved in with a friend after he moved out of his parents' home.

> He'd always bring girls over and they were always into this sex, just like that you know. Sometimes he'd bring girls over and she'd bring her friend along and they'd come on to me and they'd put pressure on me. (Mike A:373)

Molly had been sexually abused by her father as well as raped on two occasions, once by an older man and once at a party when she was drunk. She resented this as her introduction to sex and felt a need to have control over her own involvement. She became sexually involved with her boyfriend because she wanted to have sex as a result of her own choosing. Although she thought she had chosen, afterwards she was very confused having realized that she succumbed to him, "I felt like I didn't have a choice, it was the only way, it's what he wanted" (Molly B:887).

Mary and Marg both fell for real "charmers" and became sexually involved partly out of "love". Although Marg had previously been glad that she and her partner had not had sexual intercourse and she knew he had been sexually involved with others, heavy petting eventually led to intercourse. Mary's boyfriend was older than she was and she felt flattered with his attentions. Being older, he also had had sexual experiences with previous girlfriends and convinced her that having sex early in the relationship would be good for their relationship. She wasn't sure but allowed herself to be convinced. "I was kind of like unsure, I was unsure if I really

liked him that much, to give him everything I had" (Mary A:375). Mary also recounted an experience when she had let her boyfriend into her room through the window. He was spaced out on drugs and he forced himself on her although she did not want to have sex at the time. She felt she had to stay quiet and bear some of the responsibility because she had let him in.

Martha made a decision to go out of town to meet someone to have sex with. She was afraid she was one of the few virgins left in her school and she just wanted to get it over with. The experience was for her "... a big mistake... I met a guy I knew half the day, and then I sort of slept with him, and then I came home... Nine months later, he called me up and asked me if there were any new family members" (Martha A:1151).

- **Anticipating Outcomes**

Each had their own expectations of what would result from their being involved sexually. When expectations were not met, the teens in Group B2 continued to explore elsewhere [another partner] to have them met. Feeling good about themselves was a common motivation for all the girls. This came about when they were pleasing to/for the male or when the male provided a closeness, a caring or any means of flattering them.

Martha had been accused by one boyfriend of being a virgin and frigid. Following these accusations she did engage in sex with him. "I don't know why I kept doing it, it was just sort of to prove to myself, well, I'm not frigid" (Martha A:1241).

A sense of closeness and caring was expressed by Mary. "He was really supportive of me when I needed him. When I needed to talk to him, he always listened to me and he always had a way of making me feel better" (Mary A:375). Molly thought that being involved sexually would bring her closer to her boyfriend. "I need his help to get me back to a trusting person again... to a person who is proud to be a female and not hounded by her past abuse" (Molly J:534). Martha recognized that being physically close is not the same as having a close relationship.

> I guess in a way it did sort of make me feel close. It's just kind of, I guess we're close, we're doing it. It just made me realize, we're not close at all. I know nothing really about you, and you really know nothing about me, because he never really asked. (Martha A:1450)

Pleasing the guy was an expectation that Molly, Martha, and Mary placed on themselves, even if sex did not mean anything to them. "It really doesn't have any meaning, sex I mean, it's just an act I do to please all those nice guys" (Martha J:185). "He was really nice at first and I thought I could really talk to him. But as soon as it came down to getting what he wanted, he just stopped listening, shut out his ears to his hormones" (Molly A:887). Stephanie thought she had made a free choice but later said she though she had to have sex with her boyfriend so she could keep the relationship.

- **Making An Impression**

For both males and females, they related to a perception of what others thought. Max said that a lot of his peers (males) had the opinion, "It's cool to have

a numbers count and the more partners you have the better" (Max A:815). Being charmed by an older male brought recognition to a female.

> He was a real charmer, really nice, good looking, and he was older. He could have had like anyone you know, like he could of gone to the clubs and got lots of girls but he picked me. I think it was just flattery that I did it for. Then the people that he knew that I was friends with found out, they were all like, wow, he's so cool and I was like, hey. Just the macho thing, cause they all thought he was so cool. Some of the guys didn't like me and then after I went out with him they liked me a lot more. They were like, "She's such a loser.", and then he went out with me, then they're all, "Wow, I didn't notice that." (Mary A:943)

Molly also discussed that it was judged as cool to be going out with older guys but also added that "They treat you like crap and there is no point in going out with them" (Molly A:1391).

- **No Choice**

Although all teens thought that you should not be sexually involved unless it was freely by choice, the teens in Group B2 indicated that once they had become involved initially, there was little choice but to continue to be involved. They cited various reasons for this. In fact Mary indicated that discussion about sex made it easier for kids to become involved. "It doesn't really pressure you to do it right away, it's just that when the time comes, you're not so freaked out. You don't have as many fears about it (Mary A:999).

Mike said that it didn't make any difference how much you might tell kids not to do it, they still will. "No, kids are still going to do it no matter how much you tell them not to do it" (Mike A:813). Mike thought he was now addicted to sex and Max claimed that he had sex almost daily.

> A lot of teenagers when they have it young, they are addicted to it after, and now I'm addicted. Maybe if I didn't have it as early, I wouldn't be addicted as much, maybe like once in a blue moon, now I'm addicted to it. (Mike B, 850)

Some indicated that after the first time, it was just a lot easier to do it again and there was no reason not to be sexually active. "It's no big deal, because you see it everywhere, and who cares?" (Mary A:307). Mary also knew she was being used in a relationship but continued because her boyfriend had stolen from her and she wanted her "stuff" back.

- **Other Reasons**

Drugs and alcohol were frequently linked with sexual involvement for the girls. Although they did not blame alcohol and drugs for their involvement, they did admit that it lessened any inhibitions.

Neil thought that some kids thought sex was just something to do, like skiing. Mike thought there were a lot of kids out there who liked to do it just for the fun of it. "For them it's like a high, they keep doing it, they don't care about precautions you know. It's exciting and it feels good for them. It's like a natural high, like a drug" (Mike A:813).

Some just seemed to think there was no reason not to. Martha felt guilty when she had said no because she had never said no before. Mary gave sex to an old friend for his birthday.

Reasons Related to Being Sexually Responsible

The reasons given for not using protection were varied and included whether

there was partner support or not, the desire to get pregnant, not being prepared, and alcohol and/or drugs and access to birth control and protection.

- **Partner Support**

A partner who was not supportive was the reason given by several of the females for not using protection all the time. Molly's introduction to sexual intercourse was through abuse and she said she had no choice in relation to protection either from the sexual activity or from the unwanted consequences. Even when she had chosen to have sex, she found she had little control.

> When you are forced to have sex, you have no birth control options. With willing sex, I thought I had to have it with the person because he expected it and wanted it even though he did not have protection. I felt trapped between pleasing the person and trying to protect myself. I paid dearly for my mistake. (Molly Q:11)

At the time of the second interview she had a new boyfriend. They had decided not to have sexual intercourse but were doing just about everything but. She felt confident they would not have sex without using protection.

> He would not sleep with me without a condom, he wouldn't. Oh, I know he's got them in his house. But I mean he's not going to tote them around with him because we both know it's not something that just happens by accident. (Molly B:839)

Molly talked about one situation when she was away for the weekend with a boyfriend and they started making out. When they realized the condoms were in another room occupied by another couple, they performed oral sex. "It was a fantastic experience! I felt so loved and safe" (Molly J:495). Molly anticipated getting together with her boyfriend and expected that he would want to have sex.

Although she had an STD she still thought she would go ahead and have sex with him because she wanted to please him and she thought that was what he would want.

Others also found it hard to say no to sex since they wanted to please their partner, for them it was even less likely that they would insist on protection if the guy was hesitant or gave excuses for not wanting to wear a condom.

> And a guy is not even wearing anything and you don't even push. I never even say anything, which is my own stupidity and I know that, but. The nice guys I know always have them, but the others, never. (Mary B:479)

- **Desire To Be Pregnant**

Sandra's reason for not consistently using protection was that she and her boyfriend wanted to get pregnant and they had plans to move in together when they turned 16 years old. Although she had some reservations and did not think they would have enough money to do so, she did not insist on birth control measures and in part also hoped she would get pregnant. She reported that they had broken up and got back together again several times and this presented a bit more of a dilemma.

> My boyfriend didn't believe in birth control. It kind of worried me a little bit, I was, I don't really know the word, not really uncomfortable with it, just kind of scared. Like, what if this doesn't last? That's the only reason I'd ever started it in the first place, because I felt that it was going to last forever. I just said, "Oh no, it's going to last, it's going to you know", and then we broke up. (Sandra A:1257)

By the time they had broken up, she was pregnant and hoped they would get back together again.

> I think we will end up trying it again to be honest, after the baby comes, once he can accept it. I think right now the only reason he's really saying no way, is because he doesn't want to have to accept the responsibility. "Well yes, I am the father, yes you are pregnant." (Sandra A:1282)

They thought they were being sexually responsible because they were wanting to have a child.

- **Not Being Prepared**

Not being prepared, especially the first time they had sexual intercourse, was given as the reason for lack of condom use. Also if the teens were not prepared with a condom and they got passionately involved with a partner, it usually would result in unprotected sex. "Like never mind the damn condom, I'm like dying here. I could have cared less about that at the time" (Mary A:537).

> They are caught up in the heat of the moment. When you are in a situation and you have a girl who is naked saying she wants you, and you don't have a condom, who cares at that point? (Max A:730)

- **Alcohol and Drugs**

Alcohol and/or drugs were mentioned as reasons for not using protection on many occasions. This was strongly related to the influence of alcohol and drugs on their sexual activity as previously discussed in relation to Being Sexually Active.

- **Access To Birth Control and Protection**

Most of the teens who had more than one partner did not want to talk with their parents about birth control measures or visit their family doctor in case their parents would in some way find out what they were doing. Most of the teens did not have concerns about the availability or access to birth control and various types

of protection. For teens who lived outside of the city, access to confidential services was difficult to attain. "I didn't have a way to get there. If I had spent a weekend with my girl friend and then found a way into the city, it might have been a little bit easier, but it was just a little too difficult" (Sandra A:1257)

Consequences (Results)

The consequences of BSA and BSR include the results of being or not being sexually active as well as whether or not they took responsibility for protection. The unwanted consequences of unprotected sexual intercourse were of course not an issue for those who had not engaged in sexual intercourse, were of little concern for the teens in Group B1 (except for Sandra), and were of major concern for those who had had more than one sexual partner. The consequences related to Being Sexually Active and Being Sexually Responsible are discussed under those headings.

Consequences of Being Sexually Active

- **No Problems**

The teens in Group A did not appear concerned that they had not had sexual intercourse. Most seemed satisfied with who they were and did not want to be actively involved sexually before having a significant relationship, and for some, until marriage.

- **Loss of Virginity**

Engaging in sexual behaviour seemed inevitable for most of the teens in the

study. Only Nora and Nathan talked about their desire to save sex for marriage and wanted to be virgins when they married. "At the beginning you learned exactly how special it is. I mean once you give away your virginity, you can't get it back" (Nora A:1021). Nathan talked about being proud that he was still a virgin. Martha wanted to get it over with because she did not want to be the only virgin left in the school. She later regretted losing her virginity to someone she did not even know. Both Stephanie and Mary related to their loss of virginity. "When you think about it, you are giving him the best thing you have in your life. Once it is gone, you can not get it back, it's really annoying" (Stephanie A:1087). Mary expressed some conflict over her first sexual experience. "I was kind of unsure, I was unsure if I really liked him that much, to give him everything I had. And now I am glad that it was him" (Mary A:375).

- **Reputation**

Many of these teens expressed concern over others' behaviours and their own and its impact on the reputation created. Neil expressed concern about girls he knew who were sexually involved with older guys. He said that the girls were perceived by the guys as "easy". He thought this would make life uncomfortable for the girls, "I think that just kind of gets a person into a life that they don't really want to be in" (Neil A:1788). Nathan discussed that he knew five or six girls who got pregnant in the last year. He said some of them did not know who the fathers were, "They went to a party so sloshed up and they didn't know" (Nathan B:1006).

Mary talked about concerns she had about herself and said that her brother

admonished her because she had slept with so many guys that she did not even know all their names. "I do, I do, I know where they all live but there's only one guy, I don't know his last name, but he lives in B.C. somewhere" (Mary B:404).

Both Mary and Martha talked about concerns they had about themselves and how they were perceived. "Being the wonderful slut I am, I slept with him exactly one week after I slept with someone else" (Martha J:250). "I've had sex with lots of guys in the last year and it makes you a lot more promiscuous after you've done it" (Mary A).

- **Easier After The First**

Although some of the teens talked about their anxiety about their first sexual experience and some were not prepared to continue sexual involvement, some indicated that after their first it became much easier. Max, Mike and Steve all believed it was part of a relationship and now that they had started, it was something that was a necessary part. Mike even indicated that he was addicted, and Max reported he had sex almost every day. Susan and Steve both agreed that it was part of the relationship. "It becomes an important part of a relationship after you have had it" Susan B:737). "You never, ever, ever, turn back. Like it's, you can't" (Steve B:746).

Marg, Mary, and Martha also agreed that it was easier after the first time even though their experiences were not always positive for them. It seemed Marg had a need to continue her involvements for fun. After she had had her first sexual experience, it seemed that it became easier to get involved with other guys. "Now

I've been sexually active with quite a few different people" (Marg B:971). Martha realized that once she had been intimately involved sexually, "I found that it all of a sudden became very, like a lot easier to do..." (Martha A:1235). After the first sexual relationship, Mary found it was easy for sex to frequently enter into relationships, even with guys she didn't know well.

> I met him at K-Days, he was working there. So that was like a nothing and that was awful... I didn't know him, I didn't really like him, the whole situation was just bad... It was like a totally nonchalant thing, I didn't care. It was just one of those things. Shouldn't be that way about sex, sex is serious, but I just was, I didn't care either way. This was like a really bad week. The next day I met this other guy and he lives here in St. Albert and then we had sex and it was great. It was like, it was the best I've ever had, it was so much fun, cause him and I were just like talking throughout the whole time and like laughing. It was just like fun and it was just great and I'm still friends with him. And then like three days later I met another guy and I really, really liked him. I didn't know him, but I'd known him for two hours, it was so bad. It was the worst week of my life and so then we had sex. We were like friends up until last week and now we have kind of gone our separate ways again. (Mary A:810)

- **Deceive Parents**

Although each of the teens felt that if they or anyone was engaging in sex, it was no business but their own; and although many were open about it with their friends and peers, they were not as comfortable in having their parents know. In fact, they were very cautious to hide the fact from their parents - even when they were engaging in sex in their parents' home.

When confronted by his mother about the noise he and his girlfriend were making in his bedroom, Max told his mother they were moving furniture. Susan conveyed that her father would be oblivious to the fact that Steve was hiding in the

bedroom, even though her father almost tripped over his shoes. Steve and Susan related various episodes of sneaking out together and went to great lengths to cover up the fact that they spent the night together in a hotel rather than at a graduation event where their parents understood them to be. Marg managed to sneak through the bedroom window after her parents nailed it shut. Molly had her parents chase her down after she had run away for a weekend to be with her boyfriend. Martha was trying hard to gain back her parents' trust after her various episodes but was not faithful to her promises on an excursion out of province. Sandra was unable to conceal her pregnancy from her parents who were disappointed to learn that she had been involved sexually. Her father suspected she had been involved and wished they had discussed it with her before she had become pregnant. Mike kept his sexual involvement from his parents but turned to them after he contracted an STD.

- **Emotional Aspects**

> It's hard for teenagers to deal with their emotions... It's almost like a pressure to be sexually involved. (Stephanie A:1062)

Positive Emotions

For those teens who were sexually involved, a wide range of emotions were expressed. With the exception of Mike's first sexual encounters, each of the males had a general sense of satisfaction and feeling good about their relationships and sexual activity. As well, Susan, whose only partner had been Steve, also felt good about her relationship and the experiences of sex within a loving, trusting relationship. While the others expressed some feelings of closeness and good

feelings about their sexual experiences, they also related feelings of deep hurt and anguish.

Hurt

Max talked about his first girlfriend who was so devastated by their breaking up that she attempted suicide. Sylvia was going out with her boyfriend for more than a year when they broke up. She found this very hard because of the close friendship they had developed. She wanted him to continue to relate to her as a friend but, "He hasn't talked to me since. I said he was not only my boyfriend but my best friend and I don't want to lose that friend in him" (Sylvia B:169).

Break up from her first sexual partner left Stephanie so devastated that she did not want to become involved in any further relationships. She also commented that sexual involvement seemed to create a deep emotional connection for the girls and it did not seem to happen or happen as strongly for the boys.

> Some guys don't understand how much it attaches the girl. I don't know, it really confuses me how guys don't get attached like girls do. It's an overwhelming feeling and I can't even understand how emotional it really is. I can't even comprehend it. (Stephanie B:1448)

Sandra and her boyfriend had broken up before they knew she was pregnant. She was left to deal with her own hurt and to face pregnancy and parenthood on her own with her parents' support. She continued with an emotional attachment to her first sexual partner.

> I'd really like to give it one more try later on. You know, just cause we shared so much and everything. I think it deserves a second chance, and also I guess for my baby's sake because I'd really like it if he'd be the baby's father. (Sandra A, 1703)

Confused

Molly's experience of abuse and rape left her really confused about herself. She recorded in her diary how she started drinking heavily and tried to sort herself out. "I know I need to set my limits at a level that is right for me, but that is hard when I'm not sure who I am or what I stand for. I am so confused" (Molly J:353). Although many of her sexual experiences of her own choice were not satisfying to her she felt the need of someone to love her and help her get over the experiences of her past. She also recognized that although she had been to psychologists and counsellors, she hadn't dealt with the effects of the sexual abuse as she hadn't been ready to do it, and she would probably have to deal with it in the future. "I think it's just got put on the back burner, and I'll probably have to deal with it later when I'm ready, but I'm not ready yet" (Molly A:1230).

Martha as well did not understand herself and her reactions. She attempted to stick to goals she had written for herself that she would not let herself be so easily used. Of a new boyfriend she had recently met she wrote,

> I saw him tonight. I was so happy but now I'm so confused. I just read over my goals that I wrote before and I don't feel some are met. I don't know if I want to sleep with him. I mean I do in the physical sense, but in the emotional sense I know if I do I'll only be hurting myself again. I'm so confused. (Martha J:147)

> Today I slept with him. It was so uncomfortable just being with him. We got to his place, sat on opposite sides of the couch and watched TV. We didn't talk, nothing. Somehow or another we started making out, hit the sheets and bang it's over. Then we lie there and talk about nothing either of us care about. Then he drives me home, quick kiss goodbye and he leaves. I feel so cheap, I feel like I should have been paid. What happened to all my goals? (Martha J:185)

Sylvia's emotions fluctuated as she tried to decipher whether or not she loved her boyfriend with whom she had recently broke up.

> I thought I loved him but I didn't know what it was. He had said it to me a lot earlier but I couldn't say it back, because I didn't know. It confused me because I wasn't really sure how I felt and then, I did and I think I do know, I think I don't know. I don't know if anyone really ever knows. (Sylvia A:1119)

Conflicts

Sandra was faced with several stresses when she discovered her pregnancy. She was not able to relate to suggestions that she abort since that went against her own beliefs. She also faced her boyfriend's strong influence of not wanting the child to have any religious teaching, Sandra realized how important it was to her that the child be brought up with her faith.

Stephanie had a church background although she did not attend much any more. She discussed some conflicts within and expressed a wish that God could hide His eyes. Molly knew that her parents wanted her to wait until she was 18 before she became sexually involved but felt that their life style did not model their expectations. She also had a religious/church background that discouraged premarital sex.

> I know that my religion says that premarital sex is a sin. My parents want me to wait until I'm eighteen, but who are they to say after what they have done?... Still, after all this, I'm not sure what I want or what is best for me. (Molly J:360)

Regrets

Susan and Steve had no regrets about becoming sexually involved. They both agreed that their involvement was a natural part, and now necessary part of their

relationship. Sylvia's regret about her involvement was that they were not able to be friends after they separated. "I don't regret it because I don't regret anything that happened in our relationship. I regret breaking up, and breaking up so distantly and we can't even talk. But, I don't regret anything" (Sylvia B:953).

Even though Marg was no longer friends with her first sexual partner and she disliked him intensely, she still looked back at her first sexual experience with some fondness. "It was special even though he's a dick. Like we still cherish the memories we had with each other, and we still like trust each other like not to lie, even if we don't speak to each other because we hate each other" (Marg B:1135).

Stephanie, who talked about how she did not enjoy sex and thought her boyfriend broke up with her because of that, still after three years cherished the memories. "He's my first and I'll never regret it... He was really popular so, first of all, him liking me was a step in the right direction, but he treated me so nice and he just, I don't know, he loved me as much as I loved him" (Stephanie B:1170).

Although Mary admitted that she was used by many of her male friends, she was really contradictory about whether she regretted some of her actions or not. "I know how stupid it is and like no real reason for it, I don't regret all of them, just most of them, like I don't know" (Mary B:439). When speaking of her first boyfriend with whom she had sexual relations and it was not the most positive of experiences she said, "I'm glad that he was my first but at the same time I wish it hadn't happened yet" (Mary B:470).

Although she had regrets about some of her experiences, she thought she

could learn from them. Sex also seemed to lose its meaning.

> I have lots of regrets. He would have like saved me so much trouble. I probably wouldn't even have had sex yet. Now I've had sex with lots of guys in the last year and it makes you a lot more promiscuous after you've done it. And it's nothing any more, it's just not that big of a deal after you've done it, feels like, yeah... (Mary A)

Martha talked about how she regretted some of her past behaviours and thought that she had changed with the help of her parents and counsellors. She longed for a relationship where she was cared for for herself rather than for sex.

> I would love a relationship like the ones I always dreamed of. The ones I've never had because all I do is sleep with the guy, get bored and ditch them. I sort of realize now, the thing I've always known is that I need a friend before I need a lover. (Martha J:21)

Displeasure

Some of the girls said they didn't enjoy sex. This was so for two of the girls whose experience was with only one partner and for two who had multiple partners. Stephanie thought that because she did not enjoy it, that was the cause of her boyfriend breaking up with her. "From what I've heard, guys are really insulted when girls don't like it and he definitely knew!" (Stephanie A:1244).. "It was horrible, absolutely horrible" (Stephanie A:1126). Sandra, too, said "It wasn't enjoyable physically" (Sandra A:2201). Molly said that her sexual experiences had never been positive for her. Following her abuse and rape she engaged in sex with a partner of her own choice but was very disappointed.

Martha was disillusioned because sex was not for her what her friends had said it would be and it had become meaningless.

> It wasn't as great as I imagined it, because I had all these friends tell me, "Oh yeah, sex is so great and it's so much fun". I don't know, it really bothers me too, because I always had that sort of image that the first time I have sex, it's going to be special, with somebody I love, we'll probably be married and happy. And here it was, just sort of a one night stand, didn't know the guy, and just to do something because a bunch of friends had said... I really regretted that. (Martha A:1192)

Consequences of Being Sexually Responsible

- **No Unwanted Consequences**

The teens in Groups A and B1, except for Sandra, did not talk about dealing with any of the consequences of unprotected sexual intercourse. Teens in Group A had not had to even think about concerns related to protection and the teens in Group B1 had partners with similar values and they talked and supported each other in the proper use of protection. Sandra had wanted to be pregnant, but when she was confronted with the reality of pregnancy and no longer dating the baby's father, she had a lot of issues to deal with that she would rather have avoided. The others in Groups A and B1 reported no unwanted consequences.

- **Pregnancy and STDs**

The teens who had a good sense of their own worth and felt strongly that they should use protection always were more likely to consistently use PACT. There also appeared to be differences between the sexes in this area. If the male wanted to use protection, it happened. If the female wanted to use protection, it depended on who she was dating.

The most obvious consequences for engaging in sexual activity are pregnancy

and sexually transmitted diseases (STDs). For Group A, they did not experience any of these since they were not sexually active. However, those who were "waiting for the right person" or "ready when she is ready" should be on the alert to be prepared when the other partner is also ready. Some of the teens in Group B, whose first experience was based on the same premise of waiting, were not prepared with protection against pregnancy and STDs the first time they had sexual intercourse.

Two of the teens from Group B experienced pregnancy: Molly had a spontaneous abortion which she did not discuss with anyone; when Sandra realized she was pregnant, she was faced with many decisions: to abort, to place the child for adoption, or to keep the baby. Sandra experienced what others in the group either feared or prepared against. Neil summed up what others also expressed. "I think that is an awfully big decision for somebody when they are that young. And that kind of screws up your life, not being a kid any more. It's fun to be a kid" (Neil A:1877).

Nora had a friend who kept her baby, "She loves her daughter very much but still sees her mistake and has learned from it" (Nora J:72). Sylvia related to being scared off sex since she had several girl friends who were pregnant at the time or had babies. "It just seems in the last month or two they are just popping up everywhere. I guess that scares me. I think it is scaring a lot of people that I know of right now" (Sylvia B:373). Both groups of teens recognized some of the problems that friends were faced with because of unprotected sex and they acknowledged that they did not want to get into those situations themselves.

All teens in this study were well aware of the possibility of STDs. When it was the first sexual experience for both partners, they realized that they were in little danger of getting STDs. However, some were naive in their encounters, assuming that their partners, who had slept with others, were clean. Mike engaged in unprotected sex with many girls until he himself contracted an STD. Since having his gonorrhoea treated he had used condoms faithfully.

Two of the girls reported that they had contracted an STD and others worried about STDs. Molly had a fatalistic attitude and indicated that if she had something, she did not want to know about it if it could not be treated. "I'd rather just drop dead one day and not know about it, live the rest of my life how ever long it is going to be and just enjoy. I don't want to worry all the time, am I going to die?" (Molly A:1354). However, when she did develop an STD she took a while before she called the clinic. Even with their urging to have her go for testing and the terrible itching she had, she decided to wait until after her period to go to the clinic. As well, she engaged in unprotected sex at the time without telling her boyfriend.

An attitude of invincibility prevailed with many of the teens, "It can't happen to me!". Sometimes there was considerable discussion in their minds between the possible risks for them.

> I thought for the longest time, Oh well, that happens to everybody else, it won't happen to me. This thing with AIDS, I keep thinking I won't have it, I won't have it, but there's still a possibility which I try to consider, but why would it happen to me? Sure everybody else, or even being pregnant or whatever. Well it won't happen to me, but it could if it really came down to

> it, it could, but I never really try to consider that much. It's like, yeah, it won't happen, I'm invincible, nothing will happen to me. (Martha A:1642)

Martha had several sexual partners and did not always insist on the use of condoms. It was only after recounting one of her experiences to friends that she began to realize that something could happen to her.

> I slept with him both times. We didn't use anything either. Now I have an infection and I can't wait until I can get home and get some medication for it. It is so uncomfortable, that is of course, if there is treatment for it. (Martha J:250)

If you really don't think it can happen to you and your partner does not want it, then it is harder to push for protection. Mary wasn't particularly worried about STDs even though she had had sex with several partners. "I do, but, I do but I don't. I don't make it a number one priority. I should, but I don't. It does concern me, but I think condoms are about 98% safe. Nothing's foolproof" (Mary A:709).

The explanations Martha gave for not being consistent included being very drunk and also having sex with a guy who she was sure was "very sterile" and therefore wasn't worried about pregnancy. A couple of teens also talked about knowing their partners were OK because they just knew or they had just been tested.

Neither Max nor Steve used condoms since they each said they remained faithful to their girlfriends whom they trusted were also faithful and "clean".

- **Worry and Stress**

Even those who did not contract an STD or become pregnant worried about the possibilities. Martha and Molly both talked about their fears related to STDs in

particular. Molly said she did not even want to know if she had something that could not be treated. Martha and her partners did not always use protection and she consistently worried about STDs.

> I finally went for my AIDS test. I'm still waiting on the results. I'm scared as hell. I've been living with this fear for too long. It would almost be better to confirm that I have AIDS, or I guess HIV, than live any longer wondering. Last night, I slept with him. Our relationship is purely sexual. (Martha J:568)

Dealing With The Consequences

The teens who were in relationships based on friendship and who found that sexual expression was a positive part of their relationships did not experience negative consequences to their behaviours. Sylvia had a good relationship and when they broke up she found she had to deal with the consequences of losing a very good friend. This was difficult but she seemed to be growing from the experience and more convinced of what she wanted in the future. Stephanie had a relationship where sexual expression for her was not a positive experience. She did not deal with her reactions at the time, but continued to have sex with her boyfriend even though she hated the experience. After they broke up, and even though she hated him, she rationalized the experience and said she loved the memories.

Dealing with getting a STD was a growth experience for Mike. He talked with his parents about it, got treatment, and insisted on consistently using protection and contraception after that and encouraged others to do the same. The females in Group B2 did not deal with many of the consequences of their sexual behaviours.

Those who got STDs did go for treatment but this did not seem to help them in consistent use of protection. Even though they felt used, felt like sluts, and were confused, they continued in the same behaviours without really dealing with the consequences of their actions. Marg, who recognized that she was easily used by many partners, protected someone who raped her. She thought she must take some of the responsibility because she let him into her bedroom.

Sandra faced major responsibilities as a consequence of her actions. She faced the challenges of motherhood with support from her family and friends. Although her friends questioned her on her use of protection, she took full responsibility for her actions. In relating to her boyfriend's abdication of any responsibility she showed no regret but said , "Maybe that's all he can handle for now" (Sandra A). She said since she became pregnant he had turned to drinking and drugs. He still had difficulty accepting that she was pregnant and she seemed to understand his struggle and made excuses for him. She was hurt that, "He's more excited about being somebody else's pretend uncle than being the father" (Sandra A:1414). Then she realized that at his age, "It's all he wants to have to worry about. He doesn't want to have to worry about being a real father and having that kind of commitment to somebody" (Sandra A:1420).

Summary

All of the teens in the study recognized the importance of being sexually responsible when they were sexually active. Although all of the teens intended to

use protection consistently this did not always occur in practice. The teens who were not sexually active viewed sex as something very special and were either waiting for marriage or for the right person, relationship, and for both partners to want to be sexually active. They associated with friends who shared their views and helped support them in relation to the place of sex in their relationships and life.

The teens in Group B1 thought they had found the right partner and although some of the girls admitted to feeling pressure for involvement, they all said they had voluntarily chosen to be sexually active. The teens in Group B1 were very consistent in their use of protection against pregnancy with the exception of Sandra who, as previously mentioned, wanted to get pregnant.

All of the teens except Max said they had experienced some pressure to be sexually active. Max had told his girlfriend that he was ready for sexual intercourse when ever she was ready, which in itself is a form of pressure. Some of the teens reported wanting to do what others were doing, some felt they had no choice on some occasions, and some anticipated that with sexual closeness there would be emotional closeness and caring and were disappointed. The males consistently used PACT in their current relationships although Mike had not seen the need for protection until he contracted a STD. All except Max in Group B either contracted an STD, got pregnant, or worried about STDs and pregnancy. The females all wanted to be protected but did not consistently insist if their partner was resistant.

CHAPTER FIVE

THEORY OF ADOLESCENT SEXUAL BEHAVIOURS AND DISCUSSION OF RELATED LITERATURE

We shall not cease from exploration and the end of all our exploring will be to arrive where we started and know the place for the first time.
T. S. Eliot (1979)

Introduction

In this chapter, the Theory of Adolescent Sexual Behaviour is presented with examples from the experiences of the adolescents who participated in this study. Guided by grounded theory method and abductive explanatory inferentialism (AEI), analysis of the interviews with the adolescents led to a description of the complexity of the issues related to adolescent sexual behaviours as presented in Chapter Four. This description clearly showed that an isolated focus on sexual activity itself will never be sufficient to address the problem of adolescent pregnancies and STDs. Sexual behaviours are in part a reflection of who the individual is and who he or she is in a relationship. If sexual activity is encouraged before the person has a clear sense of his or her own identity and a sense of how sex fits within his or her life, early sexual involvement will likely bring negative consequences and interfere with the development of a strong identity. The importance of achieving a strong identity and how this relates to sexual behaviour is explicated in this chapter. Achieving Identity is the core variable in the theory

that accounted for a large portion of the variation among the teens and their experiences. In keeping with grounded theory methods, the literature relevant to the concepts in the model was surveyed and is discussed in relation to the findings from this study. The similarities and differences are also discussed.

Theory of Adolescent Sexual Behaviour

An important category in the theory includes the context within which adolescents live and develop and which has a big influence on identity attainment as well as on sexual identity and sexual behaviour. Adolescents who have a strong sense of identity and whose intentions related to BSA and BSR fit within their own concept of who they are, are more likely to act according to their intentions. The adolescents' progress towards identity achievement and their intentions related to BSA and BSR will have an effect on the relationships that are established and the dating situations in which they are involved. Together these factors combine to influence specific actions in particular situations. The consequences of specific actions and how they are dealt with have an influence on the individual, their sense of self and their future intentions.

The influences on adolescents in relation to sexual behaviours including sexual risk taking behaviours are extremely complex. While this complexity is recognized, the progress adolescents have made towards achieving identity has a significant influence on their ability to deal with the influences from society, family, friends and their social environment. Their ability to handle these influences and to develop

their own perspective about how they think sex should fit into their relationships and life in a way that is consistent with who they are and what they believe, is important. This same complex social environment and context provides a foundation for the beginning development of identity.

The adolescent goes through changes which include biological, social, cognitive and psychological components, all of which are inter-related. A variety of social and cultural forces also affect an adolescent in all areas of development and contribute to the variations in how an adolescent will view self, beliefs, the future, and sexuality. All of these developments help the child progress into an adult, not only physically but emotionally, cognitively and psychologically. Achieving a strong sense of identity is perhaps more challenging today since our society is characterized by rapid change and today's young people are faced with economic concerns, uncertain future, continued technological changes, global communication and changing social and cultural norms. Thus, while the context of their lives helps to shape who they are, who they have become has a strong effect on how they handle the influences they experience from the factors at work in their social and cultural environment.

The teens varied considerably in their experiences in the area of Being Sexually Active and Being Sexually Responsible. What could account for these differences? Were the factors that influenced them dissimilar or did they perceive and process these influences differently? All of the teens felt that the influences from society and from sex education classes were similar. They concluded that the

message given was that it was normal for adolescents to explore their sexuality in a variety of ways, sometimes with a variety of partners, and that the most important consideration was whether they were using protection during sexual intercourse. While the majority of the teens thought that sex education was important, they did not think the current program was meeting their needs. All however, expressed the desire to be protected when sexually active although their conclusions regarding the place of sexual activity in their lives and relationships differed. Their intentions regarding BSA included saving sex until marriage, waiting for the right person and both wanting to BSA, and mutual consent with or without a strong relationship. These intentions related to BSA played a major role in when they became sexually active and in turn had a strong relationship to whether they were able to follow through with their intentions about BSA and BSR.

The teens who had a strong sense of identity were found in all of the groups as were those with a weak sense of identity. Their experiences are described according to the model and the effect of identity on their BSA and BSR is examined. How they responded to the consequences of their behaviours is described in relation to their sense of self and future intentions and behaviour.

Strong Sense of Identity

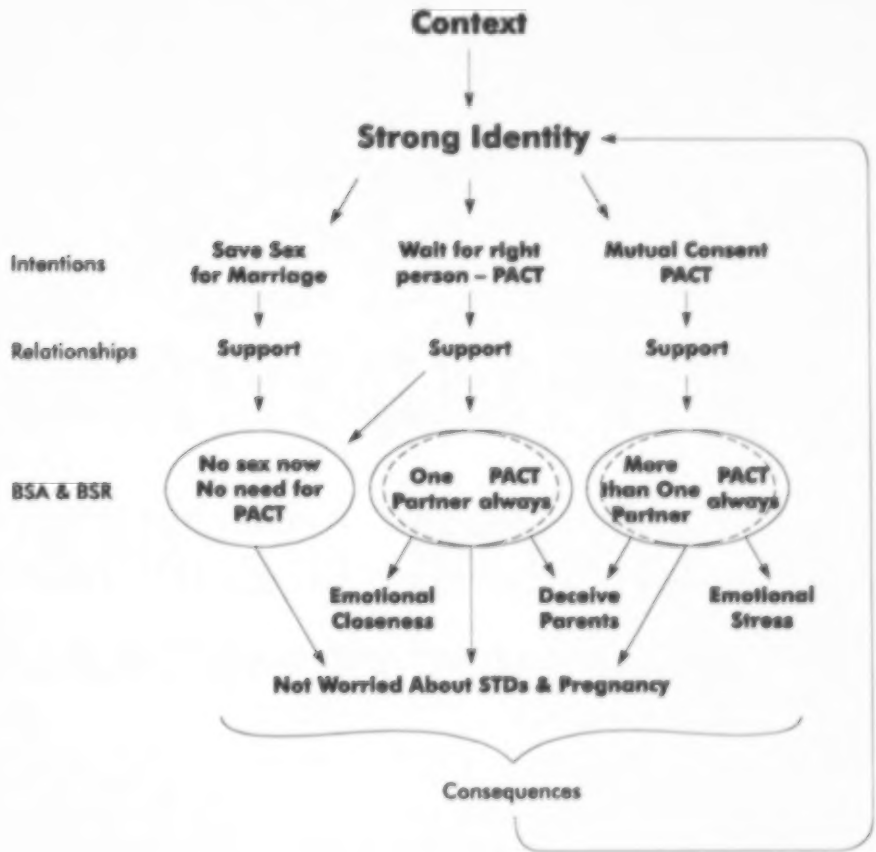
The teens who seemed to have a positive image of themselves as worthwhile, capable individuals had the ability to develop good relationships and friendships. Most of these teens also had explored their own beliefs and values and had a

specific perspective on life and the things which were of value to them. Some adhered to specific Christian beliefs, some had their own version of a belief system and some did not believe in any supernatural being. All believed in the importance of individuals and relationships and felt they had specific standards that guided them in their lives.

School was important to these teens and they had a good sense of their abilities, had explored various options for future careers and were pursuing specific direction towards the future. They all hoped to become established in a career, have good jobs, get married and have children. Their friends tended to be individuals with similar interests in life and they were involved together in a variety of activities, most of which would not be considered risky behaviours. While it was not the intent of the study to examine the various influences contributing to positive identity achievement, it seemed that those who had progressed further towards identity achievement came from positive family environments and were surrounded by friends and family that supported them and contributed to a positive sense of self.

The experiences of the teens with a strong sense of identity are depicted in Figure 2. The teens that seemed to have done the most exploration in relation to their sense of self, values and beliefs, ideas about future options and had become committed to a specific direction in their lives. This included Nora, Nathan, Neil, Norm, Steve, Susan, Sylvia, and Max. Nora and Nathan, who had strong Christian beliefs about all of life and believed they should save sex for marriage. Even

though they recognized that within the society and communities in which they lived there was a strong sense of acceptance for adolescent sexual exploration, they had examined their own beliefs sufficiently to become convinced that their perspective would be different than that of the general society. They found support for this through their family, church, and close friends who had similar ideas.



BSA	Being Sexually Active
BSR	Being Sexually Responsible
PACT	Protection and Contraception Together
SUPPORT	Indicates Support or Lack of Support for Intentions

Figure 2. Experiences of Participants with a Strong Sense of Identity

The teens who surrounded themselves in their immediate social environment with supportive individuals who had similar values and beliefs found that it helped them in dating relationships and supported their intentions in the area of sexual activity. They recognized that there was a need to limit their expressions related to sexual intimacy because of the possibility that fairly innocent physical expressions of love could lead to sexual intercourse. They planned to date those who had similar views to themselves and frequently dated with other couples or with groups. Their positive experiences with friends and boyfriend or girlfriend contributed to supporting them in this direction. In Figures 2 and 3, support or no support, as a description of relationships refers to whether the partner was supportive or not in relation to the teen's intentions regarding BSA and BSR. When there was support for intentions, the relationships also tended to be characterized by friendship, trust and good communication.

Neil and Norm both wanted to wait for the right person. Neil had not met that person as yet. Norm had been dating a girl for two years and although he said he would be interested in having sexual intercourse, his partner was not yet ready, and therefore, he was not pressuring her. They both had good friends who had similar views and not many of them had already had sexual intercourse. They were involved in a variety of activities and did not seem pressured in any way to get involved sexually at this time.

Steve and Susan felt they were right for each other. They gradually got to know each other as friends and developed a deep relationship together. They began

to express their love for each other in physical ways and Steve indicated that he was ready for sexual intimacy whenever she was ready. They were able to discuss the relationship and the level of intimacy they wanted to have. After going together for about six months, they did have sexual intercourse and both agree it has become part of their relationship and that it would be very hard not to express their love in a sexual way. They both emphasized that it was just a part of their relationship and in no way the main, primary focus. Sylvia also thought she had found the right person and waited about six months before having sexual intercourse with her partner. For these three teens, they were able to communicate well with their partner and to discuss many aspects of their relationship, as well as their sexual activity and their use of contraceptives. Since none of the teens had had previous partners, they were not concerned about STDs and, therefore, only guarded against pregnancy with oral contraceptives.

Steve and Susan were still going out together at the time of the second interview and were happy with their relationship and the growth of their friendship. Their experiences reinforced their commitment to each other and the use of birth control pills was a good prevention against pregnancy. Their commitment and faithfulness to each other meant they both had confidence that they did not have a concern about STDs. Sylvia had broken up with her boyfriend prior to the second interview. During the time they were dating, which lasted about a year, they were faithful to each other and the use of birth control pills also provided good protection from pregnancy and therefore, they had not worried about STDs and

pregnancy. Sylvia did, however, have to deal with the break-up of their relationship. She expressed that she had no regrets about their dating and their sexual experiences, but did regret that they were no longer able to be friends. She expressed that they had become very emotionally close and their friendship was very important to her and not being able to talk together was a great loss for her. She was able to reevaluate this experience in light of her own intentions related to relationships and sexual behaviour, and she said that she would not rush into another relationship, but would be open to developing a relationship when the right person came along. She thought that she would like sex to come at a later point in her relationship and did not feel she would be as ready to get sexually involved. She was also aware, however, that having been involved sexually once, the next time it might be easier to initiate the sexual involvement, so she was going to be cautious.

Max had a strong sense of his own identity. He seemed to appreciate his family in terms of relationships, but did not agree with their perspective and values on life. He felt his parents had more of an old fashioned view and he had developed very strong ideas for himself in terms of how he wanted to live his life. He had very high marks at school and a very strong drive to achieve a professional career. He was very much concerned about taking control of his life and in letting nothing stop him on his way to his career. His view of the place of sexual activity in his life was that it was okay to have sexual intercourse as long as the two people agreed. He had had two sexual partners and had been very insistent that they use

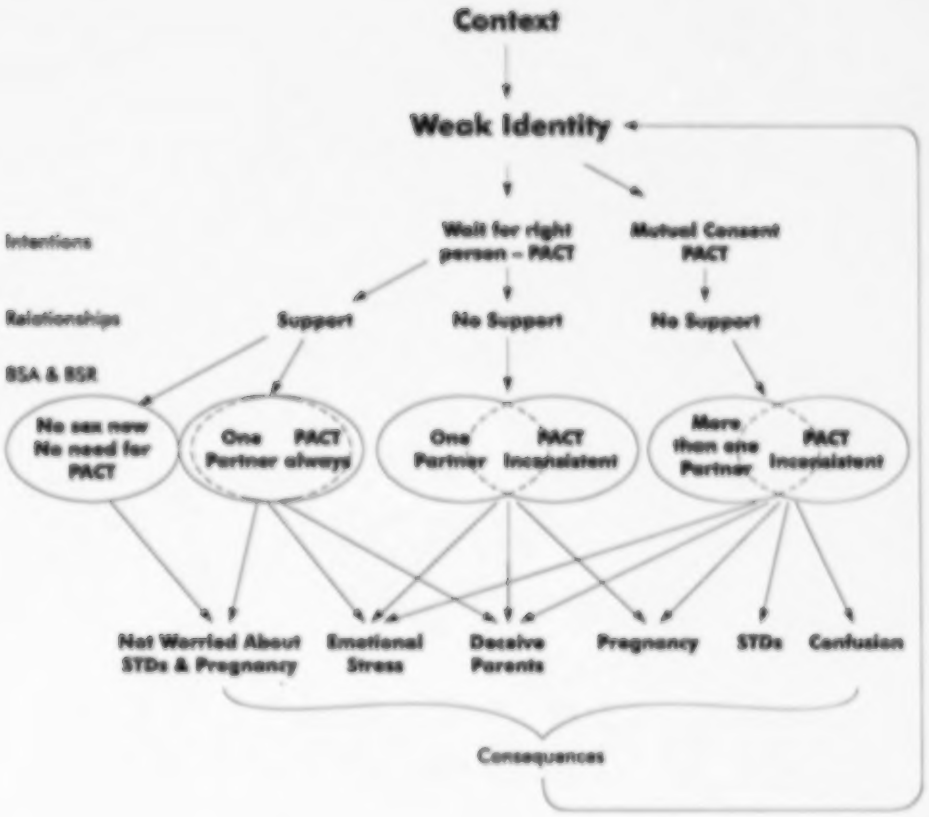
contraceptives as his main concern was to prevent pregnancy. He accompanied his girlfriend to obtain birth control pills. They did not experience any unwanted consequences of unprotected sex. However, he did mention that when he broke up with his first girlfriend, she attempted suicide because of the deep, emotional attachment she had had for him. This did not seem to bother him at all and in fact he said it almost made him feel good that someone would care so much for him. His girlfriend at the time of the interviews was about two years younger than he was, and he reported that they were both happy with their relationship at the present time. His view of the relationship was that as long as he was happy with her he would stay with her, and if he wasn't happy he would get rid of her. He enjoyed his relationship with her and said that he was faithful, even though he thought, "There are lots of women out there. There are women you use, you know, just to bed. Then there's women that you are actually interested in and you would like to have a relationship with" (Max B:1452).

In summary, the teens that seemed to have a good, strong identity were able to establish relationships with people who are supportive of their view of when sex would fit into the relationship, were convinced that BSA should either be saved for marriage or be by mutual agreement and should be part of the relationship but not the main focus and were supportive of using protection and contraception together (PACT), if they were sexually active. Their relationships were characterized by strong friendships and they were able to discuss many topics together including BSA and BSR. Although most of the teens were not open with their parents about

their sexual activity and there was some emotional stress when there was more than one partner, the consequences of BSA and BSR were for the most part positive for the couple and they did not worry about STDs and pregnancy. Their experiences in relationship contributed positively to their sense of self and their intentions related to BSA and BSR.

Weak Sense of Identity

The experiences of the teens with a weak sense of identity are depicted in Figure 3. Nancy and Sandra did not seem to have explored the options related to identity, beliefs and the future. While Stephanie was a little further along in understanding who she was at the time of the interviews, her first sexual experiences were a couple of years before the interview, when she did not have as strong a sense of her own identity. All three wanted to wait for the right person, and if they were sexually involved they wanted to use protection. Nancy had not had any serious relationships and, therefore, felt she had not yet met the right person. Stephanie and Sandra had both thought they had met the right person and thought that they were in love at the time. Both felt pressure from their boyfriends to be involved sexually and they went along with the wishes of their boyfriends. Stephanie had been told by friends that she and her boyfriend seemed like a perfect couple, "like a king and queen", and she was enjoying the idea of that relationship. She felt that she had consented to being sexually involved, but later realized that she thought she had to be sexually active in order to keep the relationship.



BSA	Being Sexually Active
BSR	Being Sexually Responsible
PACT	Protection and Contraception Together
SUPPORT	Indicates Support or Lack of Support for Intentions

Figure 3. Experiences of Participants with a Weak Sense of Identity

Stephanie's partner was supportive in relation to using condoms on a regular basis, but was not sensitive to her emotional response. She really did not enjoy sexual intercourse and attributed this to one of the reasons why they eventually broke up. She said that he knew she didn't enjoy having sex with him and that boys didn't like that. Her own way of dealing with the stress was to realize her hesitancy in even getting involved with another relationship. She was hesitant to

develop any relationship because she felt she had been hurt so badly the first time, she was certain to be hurt again, and therefore, did not want further involvement. This experience seemed to have a detrimental effect on her ability to form relationships and friendships. She felt quite alone in the world and her greatest fear was that she might be alone in the future.

It is interesting to compare Figures 2 and 3 for the group of teens who wanted to wait for the right person and for both to agree to be sexually involved and to consistently use PACT. The consequences for teens, whether they had a weak or strong identity, were quite similar as long as their partners were supportive or had the same views regarding intentions about BSA and BSR. The one exception is that teens with weak identity who had one sexual partner also experienced emotional stress. This was partly due to the sense of pressure to have sexual intercourse and therefore leads me to question whether their intentions were fully supported.

Sandra was also susceptible to the pressure of her boyfriend, who thought her primary concern should be him. This resulted in skipping school and spending more time together and also in becoming sexually involved. She had always thought that she would use protection and contraception if she was involved sexually, and although they did the first few times, her boyfriend convinced her that he wanted to have a baby and was hopeful that they would get married as soon as it was legally possible. She thought that this was the person for her for the rest of her life and although she was initially ambivalent about wanting a child, eventually realized that part of her also wanted to become pregnant. By the time she did get pregnant, they

had broken off the relationship and she was faced with dealing with the consequences herself. She had to face telling parents, teachers, friends, and facing decisions regarding whether to have an abortion, place the child for adoption, or keep the child. Although her parents were initially shocked, they helped her work through the decisions and were willing to provide her with support to keep the baby in their home. In having to deal with this consequence, she had had to face a lot of questions regarding who she was and what she wanted for the future and for her child. She was developing a stronger sense of identity through dealing with the consequences. She still expressed strong hopes of getting back together with the baby's father, although he said he did not think he was interested. He did not appear able to face the reality of the pregnancy and she was willing to excuse him because of his youth. She had no option but to deal with the circumstances and she appeared to be developing a stronger sense of herself as a result.

Mike, Marg, Molly, Mark, Mary did not seem to have had a strong sense of their own identity when they initially became involved sexually. None spoke very positively about their families and all were dealing with some kind of conflict within the home. These included Mike moving out into an apartment because he didn't get along with his mother, Molly being sexually abused by her father, and the others having conflicts with parents because of the teen's behaviours. They also had friends who came from homes where there were conflicts, and many were involved in risky behaviours, as previously discussed.

In relation to the place of sex in their life, all thought that it was okay to have

sex if the partners both mutually consented and expressed the intention to use protection. All were initially involved sexually due to pressure from partner and/or friends. They did not use protection or contraception together in a consistent fashion and the results were often emotional stress, confusion, STDs or the worry of STDs, and a pregnancy that resulted in a spontaneous abortion. When Mike found out that he had an STD, he went and talked with his parents about it and following treatment, was always consistent in the use of condoms. At the time of the interviews, he seemed to have grown through his life experiences, as well as his sexual experiences and had progressed in his sense of identity. He had a clearer idea of who he was and what he wanted to do in the future and a strong intention to use protection at all times. At the time of the interviews he was dating only one girl, was very interested in her as a friend, and not only as a sexual partner. He took the initiative to go with her for oral contraceptives and also would often encourage and go with other friends to a birth control centre.

The four females did not have as positive a way of dealing with the consequences of their sexual activities. Although they realized that many times they had sex with partners that they hardly knew, they continued to be involved in this way. Molly and Martha both identified goals for themselves that included knowing the person at least a little bit before having sex with them. They indicated they were not able to keep their own goals. Some of the consequences are shown in Figure 4 for those whose first introduction to sexual intercourse was through pressure, alcohol, drugs and/or abuse or rape.

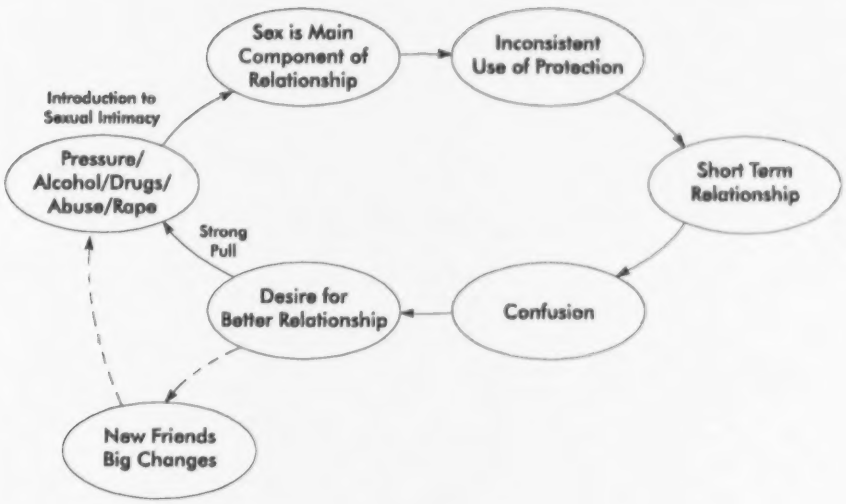


Figure 4. Pattern of Sexual Activity and Consequences For Those First Involved Through Pressure and/or Abuse

These teens expressed confusion about themselves and about life and their inability to follow through with their intentions related to BSA and BSR. Their continued sexual involvement with partners with whom they had little relationship seemed to reduce their self-worth in their own eyes and they said sometimes they felt like sluts or that they should have been paid and they were very confused. They wanted someone to really care about them and not just to use them as a sex object. Although they wanted to make big changes and have new relationships, they were often pulled into their old ways of relating. Their sense of value seemed less as a result of their sexual activity.

Summary

In summary, it is recognized that the influencing factors in relation to adolescent sexuality are many and varied. The Theory of Adolescent Sexual Behaviour is depicted in Figure 5.

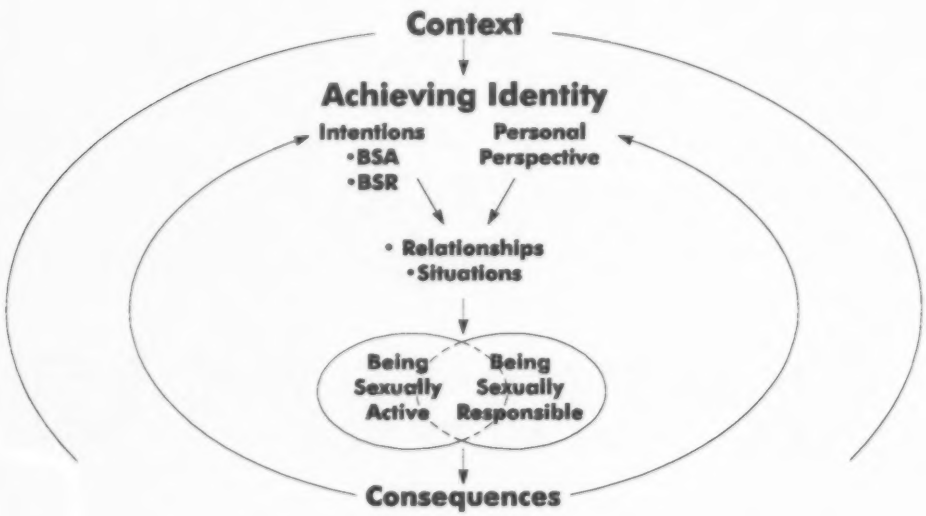


Figure 5. Theory of Adolescent Sexual Behaviour

The **Context**, including the social, cultural and environmental context provides the foundation in which adolescents grow and develop a sense of identity, develop a sense of their own ideas and beliefs, and explore the possible options for the future and commit themselves to a certain direction. The norm that seems to be supported by society and community is that sexual exploration is normal for

adolescent development, but that if adolescents are sexually active, they must take the responsibility to be use protection against pregnancy and STDs.

The more progress adolescents had made in **Achieving Identity**, the better they were able to identify how they thought sex should fit into their relationships, love and life. Those that had a stronger sense of identity developed **Intentions** related to BSA and BSR that seemed consistent with who they were. They also seemed to have stronger relationship skills and developed solid friendships, some of which developed into romantic relationships. The types of **Relationships** they developed also had an influence on the kind of **Situations** that they got into when they were dating. They did not tend to be involved in risky situations where their intentions related to **BSA and BSR** might be compromised.

The **Consequences** of BSA and BSR for this group of teens were, for the most part, positive. There were no experiences of pregnancy or STDs and they did not worry about the same. Although there were some regrets about broken relationships, intentions related to how sex would fit into relationships in the future were strengthened. The positive experiences tended to contribute to their positive sense of self, and their resolve to continue with strong relationships and act according to their beliefs and values.

Those that did not have as strong a sense of **Identity** also developed **Intentions** consistent with their beliefs but they were not as able to carry through with their intentions. They had not been as able to form strong **Relationships**, and therefore, were sometimes in **Situations** that involved a lot of pressure. These

relationships and situations also had an effect on their view of themselves and on their ability to follow their intentions related to **BSA and BSR**. Those that did not have a strong identity were either hesitant to get involved in relationships or were very quickly involved in relationships that had a major focus on sexual activity and not friendship and often there was little partner support for the use of protection. Although they intended to use PACT always, they were not able to strongly insist.

The **consequences** of BSA and BSR were often stressful for those who had a weaker sense of identity and whose experiences included more than one sexual partner and inconsistent use of protection and contraception. The females who had had more than one partner experienced emotional stress, confusion, and pregnancy or STDs or the fear of them. Even though some expressed the desire to change their behaviours, their experiences seemed to result in an even lower sense of self esteem and a continued inability to say no to casual sex, even when it was unprotected.

Achieving Identity is the core variable that accounted for the differences among the teens in their ability to handle the influences from the many factors within the social, cultural, and environmental context of their lives, to develop relationships and to live according to their beliefs and intentions. Identity of course is not static and is something that continues to develop throughout life. Since it is during adolescence that one first develops a consciousness of self, it is also possible that circumstances could occur that would challenge even a strong sense of self. It is also possible that initial confusion and exploration are precursors for the

development of a stronger sense of self that would enable individuals to take more control and responsibility for themselves. The importance of achieving identity and its relationship to BSA and BSR makes it important to consider adolescent sexual behaviour within the larger context of who they are and the context within which they live.

Related Literature and Discussion

Much has been written in the literature regarding the influences and factors effecting the use of contraceptives and taking adequate precautions to protect against STDs. There is less in the literature related to understanding the factors influencing the onset of sexual intercourse among adolescents. Zabin and Hayward (1993), in a comprehensive review of research affecting adolescent sexual behaviour and childbearing have commented on the relative lack of studies in this area. They recognized that the relationship between physical development and maturation and pubertal changes enhances sexual motivation and early sexual activity. But they also emphasized that this early sexual activity was also related to the cultural norms and social pressures regarding the age at which sexual activity amongst adolescents is accepted and possibly even expected.

Literature is discussed in relation to Studies in Sexuality, Living in Context, Achieving Identity, Establishing Intentions, Establishing Relationships, Theoretical Models related to BSA and BSR, and Other Issues.

Studies in Sexuality

Bell (1966) suggested that research in the area of sexuality was not frequently done in the past because of conflicts between the scientific approach and the moral and ethical standards of society. He also suggested that scientific knowledge presents facts but does not define standards of moral belief or ethics which are a matter of choice. Some have suggested that studies such as the Kinsey report, in an effort to understand sexual behaviour, contributed to the separation of sex from love and presented sex as a behaviour for studying (Bloom, 1993; Keen, 1983). How could anyone study something as subjective as love but, "Sex was reduced to biological phenomenon that scientists could quantify and study objectively in the laboratory" (Keen, 1983, p. 15).

In presenting statistics about behaviours and practices, Bloom (1993) suggested this had the effect of saying that the practices being studied are real and the moral judgements about them are mere prejudices, particularly prejudices of religion. Bell (1966) suggested that the people who were most negative regarding the studies done by Kinsey were those who felt the information was a threat to their moral beliefs.

Bell (1966) argued that Kinsey's studies did not suggest that people should behave differently. However, we now see in retrospect, that often the description of social norms has an effect on altering the norms of society. Bloom (1993) thought that Kinsey was instrumental in changing the fact that there was promiscuity, to actually making promiscuity legitimate. "He clearly believed that what men actually

do is natural and that the constraints are merely vestiges of a Puritan heritage" (Bloom, 1993, p. 16).

> He can protest as much as he likes that his work has no normative implications, but the presentation of some kinds of facts necessarily carries a morality with it. If someone tells you that sex is pleasant, that there is a wonderful variety of ways to have it, that there is no rational basis for inhibition, and that practically everybody does it, what implications for action do you suppose follow? It is one thing to be a virgin because God demands it and love and respect depend upon it, and another to say it is just a matter of choice, some do, some don't. Inasmuch as there is a positive drive to have sexual satisfaction, virginity becomes an empty heroic pose. (Bloom, 1993, p. 18)

The technical developments related to sexuality and reproduction, including genetic engineering and test tube babies, have been helpful in many ways but also may have contributed further to a focus on the mechanistic or technical reproductive aspects of sexuality to the detriment of individual feelings and relationships in a broader sexual sense. The breakdown of traditional values founded on Judeo-Christian beliefs accompanied with the existential perspective of self and the importance of self have led to an approach to sexual involvement that is supposedly "value free". The result of this is an underlying assumption that individuals can choose to have any sexual experiences they wish to have although there is increased societal pressure not to have unwanted pregnancies or to get sexually transmitted diseases. Sexual activities and behaviour do involve personal relationships and these experiences have the potential to be positive experiences and on the other end of the spectrum also have the potential to be very negative and destructive experiences.

Living In Context

Society

Constructionists have argued that we are all a product of our society and of our culture and that psychologists who have also been shaped by their society and culture, in describing behaviour and developing theories have inadvertently supported the existing norms and social structure (Sarason, 1981; Perillenltensky, 1989). Kessen (1979) argued that "we are both creators and performers in the cultural invention of the child " (p. 820). The term "invention of the adolescent" was used by Kett (1977) to emphasize his belief that adolescence was a concept of behaviour imposed on youth and that biology and psychology were used to justify promoting specific norms of behaviour for young people that were part of middle class values. As products of our society is it possible to clearly see what has influenced us from within society? We postulate theories to help us look at relationships but we must be careful not to cast them in stone. "We tend to turn our theories into creeds rather than allow them to remain playthings that help us to recognize patterns" (Keen, 1983, p. 30).

A major influence on teens today is the perception of what is considered to be "normal" adolescent behaviour. All teens in the study thought that within our society today, adolescent sexual activity was accepted almost as a natural part of adolescent development. The message from society is not that, "You **must** be involved sexually", but "**If** you are involved sexually, you **must** use adequate protection to prevent pregnancy and STDs". Over the past few decades much has

been written about adolescent sexuality and changes in behaviour. Does the information about increasing numbers of adolescents having sexual intercourse at earlier ages and frequently with more than one partner, run the danger of becoming the prescribed behaviour for normal adolescents?

The attitudes and behaviours of adults have a strong influence on teens. Bibby and Posterski (1985) reported on their survey of Canadian teenagers in 1984 that adolescents had a similar outlook on behaviour and attitudes as did the adults in society. They commented that our society "Sanctioned sex as a recreational option" and the results of the study showed that the adolescents in their survey "showed strong evidence of being very similar to their grown-up role models" (Bibby & Posterski, 1985, p. 93).

Some of the teens in this study reported a feeling of pressure from peers, partner, and/or society to be involved sexually. Do we want to convey the message to teens that they are encouraged to explore their sexuality as part of their normal development without giving them some guidance for that development? Erikson (1980) emphasized that a developing adolescent "needs freedom to choose, but not so much freedom that he cannot, in fact, make a choice" (p. 232). Matteson (1975) believed that teens need to get a "little help in placing sex in a total life perspective" (p. 162).

Although all teens thought it was unrealistic to think that teens today would choose abstinence, two teens did want to save sex for marriage. They had been provided with a different perspective on love and sex that viewed sex within a

loving, committed marriage relationship. Considered by society as puritanical, and at best, old fashioned, this view does not separate sex as a behaviour that can be examined separately, but rather as something integrally related within a loving relationship.

Has the separation of love and sex contributed to a sense of aloneness? Allan Bloom (1993) lamented the loss of the full meaning of love or eros in our society in general. Some of the teens in this study seemed fearful of love, they felt vulnerable, it was risky, and it could bring pain. Bloom argued that, "Isolation, a sense of lack of profound contact with other human beings, seems to be the disease of our time" (Bloom, 1993, p. 14). With studies such as the Kinsey report, statistics about what people do became a description of what was natural and normal. A description of what is, became a prescription of what should be. Sex became a behaviour, something one does and not necessarily connected with the deep love and commitment that gives it meaning.

In his passionate discourse of the erotic crisis, Keen (1983) lamented the separation of love and sex. Love was considered to be subjective and personal and therefore could not be studied scientifically, but sex was objectively studied in surveys and labs. Sex and sex education could be taught in schools but love was "considered so vague, impractical, or mystical that few, except Erich Fromm, thought the art of loving could be taught" (Keen, 1983, p. 16). Keen pointed out that the sexual revolution liberated sex from guilt and encouraged a separation of sex from love and commitment. The right to have sex with anyone "carried with it

the idea that liberated sex could be divorced from continuity of caring, from consequences, from children, from community" (p. 17). He went on to point out how this myth has failed to live up to its promises and emphasized "The problem is not in our genitals, but in our minds, in our philosophy of life" (Keen, 1983, p. 19). The social norms convey a strong message; sex is positive, go ahead and explore it however you want, but whatever you do, use protection. What is the message we really want to convey?

Family/Parents

The influence of family in the area of sexuality was varied. Some teens reported no discussions with parents about sex, although they thought they had a good idea of what their parents would say. Teens who had talked to their parents about the topic in general rarely admitted to their parents that they were sexually active. In a recent survey of just over 500 teens in the United States, about 75% said they had talked with their parents about sexual issues in general, and about 60% of the sexually active teens thought their parents knew they were sexually active (SIECUS, 1994). All of the teens in my study reported that their parents would probably prefer that they would not be sexually active until they were older or married. However, except for Nora and Nathan's parents, the teens thought that their parents had accepted the changing norms of society and assumed their teens also might become sexually active. The teens were confident that if their parents knew they were sexually active, their primary concern would be that they use

adequate protection. In the SIECUS (1994) survey, of the sexually active teens who thought their parents did not know about their sexual activity, 57% thought their parents would be upset and 54% said they would like to talk with their parents about sex.

Communication between parents and adolescents is frequently difficult and the discussion regarding sexual aspects may present more discomfort than other topics. An evaluation of an Edmonton program designed to help parents talk with their children about sex found an increase in the amount of discussion regarding sexual issues after the program (Edmonton Board of Health, 1993). With or without specific discussion about the topic, the family environment, relationships and role models within the family all influence adolescents' perspectives. A study that examined the effect of sexual communication between parents and teens regarding sexual activity demonstrated that students who perceived their parents to be friendly and attentive tended to have lower levels of sexual activity (Mueller & Powers, 1990). Fox and Inazu (1980) found that more frequent discussion of sexual issues between mothers and daughters resulted in sexual behaviours that were more responsible. Kirby (1992) found that increased levels of parent-child communication about sexual issues were associated with more responsible sexual behaviour of the child. This included delay in the onset of sexual intercourse, fewer sexual partners, and correct use of contraceptives. Families and parents who model loving, communicating relationships, share their beliefs and values and talk with their kids about many issues, including sex, can help to support their teens in their

examination of alternatives, in the development of their identities, and in establishing sexual standards for themselves.

Peers/Friends

The influence of peers is seen to be strong and sexual activity is often associated with whether or not their close friends are also sexually involved. Smith (1989) found that when the social setting was accepting of early sexual activity, then the biological maturation and friends involvement has a big influence. A study of almost 1,500 adolescents found that association with peers who had been sexually active accounted for the largest portion of variance in predicting the frequency of sexual intercourse (Benda & DiBlasio, 1994). Friends have a strong influence on the views and activities of adolescents in the area of sexuality. If many friends are sexually active there is likely to be more of an acceptance that this is normal behaviour and in a desire to "belong" there may be pressure to be sexually involved. For example, Martha did not know any friends who were not sexually active and she had a need to "get it over with" (Martha A). Norman, on the other hand, knew only two or three friends who had had sex, felt no pressure, and was not pressuring his girlfriend to be sexually involved.

Most of the teens in this study did not think they were "pressured" by their peers in relation to sexual activity. The SIECUS (1994) survey also found that few teens reported that they felt pressure from peers or partners to have sex. Despite the reported absence of pressure, several of the teens in this study reported experiences

that described pressure in action, usually with negative consequences. The teens in this study described friends who were, for the most part, very much like themselves in views and activities. Because of the strong influence of friends and the importance of friends in adolescent development, friends helped to "shape" who they were. The importance of who your friends are cannot be underestimated.

Sex Education in the Schools

The teens perceived that the school environment tended to support the perspective that adolescent sexual activity is the "norm" and tried to reinforce and create a "norm" that all sexual activity should include adequate protection against pregnancy and STDs. They felt they had sufficient information about the need to use PACT and knew where to go to get protection. Most thought that sexuality education did not adequately meet their needs and felt there should be more emphasis on relationship skills, emotional involvement, and what is involved in commitment to another. Sexuality education has been a mandated program in Alberta since 1989 and is supposed to be integrated with teaching about "relationships and healthy, responsible habits that are addressed in a broader context of self-esteem building and decision-making skills" (Edmonton Board of Health, 1994, p. 3).

At one time it was very difficult to get permission to teach sexuality education in the schools. The advent of AIDS brought with it support from teachers, health educators, and parents for school based sexuality education programs. Surveys have indicated that Canadian parents support such programs in the schools (McKay,

1993) and in Alberta only 2% of the parents opted out of the school based sexuality program (Edmonton Board of Health, Goals Project, 1994).

There is an abundance of literature describing sexuality education programs and their evaluations. Initial programs focused on the acquisition of knowledge about reproduction and birth control. Kirby (1992) has described four generations of sex education programs. He suggested that the first generation and the second, which dealt with values clarification, basic decision-making, and communication skills, were not based on theory and did not equip students with the skills to postpone sexual intercourse and avoid unprotected sex. He suggested that the third generation included the abstinence based programs which he suggested were largely a reaction to the first and second generations of sexuality programs. The type of program Kirby (1992) recommended is broadly based and uses a theoretical basis for its approach. On the basis of a review of the evaluation literature in this area, McKay (1993) also argued for a broadly based sex education program as providing a more valid approach to meaningfully contribute to the ability of young people to protect their sexual health.

Many authors have written about evaluations of sexuality education programs and most found that although there was an increase of knowledge, there was little impact on values, attitudes, and sexual behaviours (Britton, de Mauro, & Gambrell, 1992; Haffner, 1992; Kantor & Haffner, 1995; Kirby, 1985a; Kirby, 1985b; & Zimet et al., 1993). Some authors have argued for abstinence based programs (Genuis & Genuis, 1993; Richard, 1990; Martinuk, 1994) and many have argued

for a broad based curriculum (Gordon, 1992; Kantor, 1992; Kirby, 1992; McKay, 1993; & Morris, 1993). Many have argued about the effectiveness of condoms and authors have sometimes interpreted studies differently in their evaluation of condom effectiveness (Genuis & Genuis, 1993; McKay, 1993). A recent Edmonton Journal article (Gairdner, March 18, 1995) noted that the scientific evidence does not support the effectiveness of condoms. He concluded that while they are better than nothing, they are not as safe as we would like to think.

Recommendations for the content of sexuality educational programs include an emphasis that is not only to educate, but to change attitudes and behaviours (Kieren, Cumming & Cumming, 1992). In a discussion paper about prevention of teen pregnancies there was a recommendation for a comprehensive approach to prevention that might involve many programs (Lussier, 1993). She also suggested that programs would have a better chance of success with the support and participation of the community. Shaghnessy and Shakesby (1992) recommended, in addition to sex education, teens also needed emotional education and needed to be taught intimacy and interpersonal skills. Several authors suggested the importance of a clear message and for many this included waiting until you were older to have sex (Kirby, 1995; McKay, 1993). The American Academy of Paediatricians also supports postponement of sexual activity (Genuis & Genuis, 1994). McKay (1993) argued that with postponement "they would become better able to make a well thought-out decision based on their own values and priorities if and when they do engage in sexual intercourse" (p. 93). Delaying the onset of sexual intercourse is

consistent with giving teens time to develop their own identity and ideas so that their behaviours will be congruent with who they are.

Religion/Beliefs

Church and/or religious affiliation played a relatively minor role for most of the teens in the study. Nora acknowledged that although she was choosing abstinence she thought it was unrealistic to expect most teens to make this choice in our society. She recognized her views and the strength to live by them came from a different view on life. She thought that if there were beliefs about abstinence supported by church, family, and friends, then there would be a possibility for abstinence, but "if you did not have that structure, then you would have nothing to fall back on" (Nora B:385). Although formal religion and religious beliefs were not meaningful for most of the teens in the study, their own beliefs and philosophies were important to them. In a survey of almost 4,000 Canadian High School students, Bibby and Posterski (1992) found that although young people did not relate to organized religion, they still had a strong interest in the "supernatural, spirituality, meaning, morality and ethics" (p. 53).

Adolescent Identity Development

A major developmental task in adolescence is the formation of ego identity. Muuss (1988) defines the search for identity as involving "the establishment of a meaningful self-concept in which past, present, and future are brought together to form a unified whole" (p. 60). Erikson's outline of the eight stages of psychosocial

growth places identity formation within normal development and the task is normally of concern in the adolescent years (Erikson, 1968). Marcia (1993) discussed the three aspects of identity, which are structural, phenomenological and behavioral. Structural aspects are associated with the development of the ego and are related to judgement, delay and efficacy. He commented that the phenomenological aspects relate to the person's sense of their own identity, with the behavioral points referring to what others can see of the individual's behaviour. Lichtenstein (1977) suggested that a person who has achieved identity is a person "whose component parts are sufficiently well integrated in the organization of the whole that the effect is a genuine oneness, a unit" (p. 56). He recognized that part of a sense of identity included the realization of how someone is similar to others and also how their unique characteristics distinguish one person from another.

Marcia (1993) has further developed these concepts and identified four levels of identity formation including identity achievement, moratorium, foreclosure, and identity diffusion. When someone has attained the highest level of identity it is referred to as identity achievement, where individuals have explored alternatives for themselves in relation to values and beliefs, ideas for the future and have made some commitment to who they are, what their values are and goals for the future. Although the word "achievement" has the connotation of having finished the task, it is meant to indicate the initial establishment of an identity and an understanding of self as separate from others. There is still recognition that issues of identity continue throughout life. A strong sense of self helps a person to live his or her life

as a coherent whole and fit their relationships and sexual activity within the context of self. On reflection about the stages of man, Erikson (1980) pointed out that a person with a secure sense of identity does not give a lot of thought to his identity, "He simply feels and acts predominantly in tune with himself, his capacities, his opportunities...He knows where he fits (or knowingly prefers not to fit) into present conditions and developments" (p. 231).

Adolescents considered to be in a moratorium are those who are in the process of exploring their options and their values and have a vague commitment to what they stand for and their future directions. The word moratorium seems to describe cessation of activity for awhile. When applied to identity, moratorium refers to a time of much activity in the sense of exploration, but a holding off or delay in commitment to identity. Individuals considered to be in foreclosure have basically accepted the views of others around them, possibly parents, and are committed to the value structures and future directions they had as children. They have never fully explored their own alternatives, grappled with the issues, and made their views of self, beliefs, future directions truly their own. Those in identity diffusion are in the process of exploring alternatives but have no clear direction or commitment to what they believe and to further directions for their lives.

Identification of where an adolescent is in their identity development has been related to whether the adolescent has explored the alternatives in the areas of vocational choice, religious beliefs, family and peer priorities (Archer, 1993; Marcia Waterman, Matteson, Archer, & Orlofsky, 1993). Archer (1993) has done

considerable work on identity status for early and middle adolescence and has developed an interview guide to assist with classifying teens' identity status. For this study, while there were not sufficient questions asked of the teens pertaining to all of these aspects to be able to classify them into a specific type of identity status, the responses to some questions gave an indication about identity status. With the exception of Nancy, the teens in Group A seemed to have grappled with most of these issues and had a commitment to a direction for the future. While they were not necessarily clear on the career they wished to pursue, they had specific options under consideration. Having a strong sense of who they were, what they believed and the direction they were headed may have supported them in their intentions in the area of sexuality. Nancy did not seem to have explored many options as yet and did not have a strong sense of identity.

The teens in Group B-1, with the exception of Sandra and Stephanie, had all grappled with the issues of their own beliefs, family and career choices and vocational opportunities before they were sexually active. Sandra's identity development was not as clearly developed and she was easily persuaded by her boyfriend to the unrealistic notion that they should have a child and get married and live together as soon as it was legally possible. Although Stephanie was 17 at the time of the interviews, her first sexual experience happened when she was 15 and she did not have a strong sense of identity. She reported that going out with her boyfriend had helped to increase her self-esteem. Perhaps partly swayed by a romantic image of her and her boyfriend and the view that sexual exploration was

normal, she had sexual intercourse and continued to have sex with him even though she hated it. She reported that she thought she had to do this to keep her relationship with him.

The teens from Group B2 had varied experiences. Both of the males appeared to have dealt with and explored most of the options and were headed in a specific direction for the future. The females in this group, although they thought they had a good sense of who they were and talked about directions for the future, their experiences in the area of sexuality seemed to have greatly affected their sense of worth and their view of themselves.

The development of adolescent identity requires work to achieve and maintain and also requires some guidance from adults (Mitchell, 1992). "This need to work at and struggle with personal identity, seems of great significance in North American culture because so many youngsters simply do not know how to focus their identity quest, and do not receive constructive assistance in their attempts to fix their direction" (Mitchell, 1992, P. 119). Mitchell (1992) summarized the major issues related to adolescent identity which included a strong idea of "who I am", with a valid assessment of both strengths and weaknesses; a solid idea of family and community and the need to work together with people; a set of beliefs to which a person can become committed and use to guide them in life; and a belief in their ability to face the future. He emphasized the importance of achieving identity, "Nothing is more relevant to the adolescent experience than to nurture an identity capable of mastering the social demands and the moral responsibilities of

adulthood" (Mitchell, 1992, P. 119).

Identity and Intimacy

Is intimacy possible without a strong sense of self identity? Erikson (1968) emphasized the importance of attaining a sense of identity before you could enter into an interpersonal intimate relationship with someone. Orlofsky, Marcia, and Lesser (1973) reported that favourable resolution of the intimacy-isolation crisis was related to successful identity development. True intimacy is the mutual sharing of self with another. A person must know who he is in order to share himself with the other. "It is only when identity formation is well on its way that true intimacy - which is really a counterpointing as well as a fusing of identities - is possible" (Erikson, 1968, p. 135). Sexual intimacy is only a part of true intimacy and in fact can occur without true intimacy. "The youth who is not sure of his identity shies away from interpersonal intimacy or throws himself into acts of intimacy which are 'promiscuous' without true fusion or real self-abandon" (Erikson, 1968, p. 135). Shen (1982) suggested that experiencing sexual intimacy before acquiring a sense of identity is a common cause of adolescents' sexual problems. Perhaps it also may interfere with the development of a strong identity as discussed in the section on risky behaviours. Sullivan suggested that early sexual intercourse can also lead to a strong pre-occupation to satisfy the strong biological drive which in turn can "lead to serious deterioration of self-respect... because this type of preoccupation literally interferes with almost any commonplace way of protecting one's self-esteem"

(Sullivan, 1953, p. 273).

How do the needs for love and affection interact with the biological sex drive? Do adolescents really want to be sexually involved at such early ages? Maslow emphasized that sexual behaviour is not only motivated by sexual needs but also by needs of love and affection (Hergenhahn, 1990). Hajcak and Garwood (1989) suggested that the needs for love and affection are very deep and this may artificially intensify the sex drive. "Adolescents have sex when, in fact, they primarily want and need something else, such as affection, to ease loneliness, to confirm masculinity or femininity, to bolster self-esteem, to express anger or escape from boredom" (Hajcak & Garwood, 1989, p. 55).

Most of the teens in the study thought they should be able to choose when and with whom they had sexual intercourse, and most who were already sexually active thought they had freely chosen. Many of the girls later recognized that they had felt some pressure from partner, friends and/or the desire to do what others were doing. Many expressed disappointment and hurt in relation to their sexual experiences which is not uncommon. In one study about one third of the sexually experienced adolescents reported disappointment or dissatisfaction with their sex lives (King et al., 1988). Martha, who had had at least eight sexual partners by the age of 16 realized the emptiness of sex without love and relationship and recognized she needed a friend before she needed a lover and she did not want sex until she had established a relationship. Her dream was to have a relationship where the fellow cared about her. Molly recounted feeling loved and cared for when she and her

boyfriend held on to each other, but did not have intercourse because a condom was unavailable.

Some authors have a high view of adolescent love and the desire of adolescents to know themselves. Because of the importance of knowing who you are so that it is possible to share yourself with another, Erikson believed that adolescents would strive to develop their identity before establishing intimate relationships (Muuss, 1988). "This is why many a youth would rather converse, and settle matters of mutual identification, than embrace" (Muuss, 1988, p. 62). Others have seen the adolescent view of love as pure and transcending the physiological, "For him, love is spiritual and the sex act animal. He will perpetrate it, if necessary, but he will rarely find his happiness in it" (Gattegno, 1971, p. 82). Adolescents who have sex but have not established a strong identity and do not develop relationships of any quality with their partners may end up having difficulty developing quality relationships as adults. "When a youth does not accomplish intimate relationships with others... in late adolescence or early adulthood, he may settle for highly stereotyped interpersonal relations and come to retain a deep *sense of isolation*" (Erikson, 1968, p. 136).

Establishing Intentions

The person growing up within their own social context develops and matures physically, cognitively, emotionally and psychologically. How they view themselves and their world will have an effect on their perspective on relationships, love and

how sex fits for them. How they sift all of these ideas and influences together is not clear, but they come to a conclusion regarding their own views for themselves and intentions regarding BSA and BSR. Zabin and Hayward (1993) discussed some of the influences effecting the onset of sexual activity and recognized that individuals must integrate the pressures and restraints from a variety of sources to arrive at their own decisions about what is best. They emphasized that while the influences on a teen may be powerful, it is important to have an image of the young person as capable of effectively dealing with the pressures. As individuals have new experiences and are subject to new influences, these can have an effect on changing their choices regarding BSA and BSR. Based on the experiences, the consequences, and the constellation of influencing factors, reconsideration of the choice may confirm their previous intentions or alter them.

Simon and Gagnon (1986) have suggested the concept of a sexual script that is largely determined by the social milieu so that the adolescents get involved in sexual behaviours partly influenced by their biological development and also by the sexual scripts they develop as a result of the social influences. This is a concept similar to that of the intentions related to BSA and BSR in the model proposed in this study. Maticka-Tyndale (1991) found that young adults had sexual scripts that treated condoms as contraceptives and believed they could avoid coitus with infected partners.

Although the model presented by Zabin and Hayward (1993) focuses on the various influences effecting the onset of sexual intercourse, many components are

similar to the model presented in this study. There is a recognition of the complexity and interactions of the many influences related to sexual activity and an emphasis on the fact that the variables in the context strongly influence the teen's sense of self, goals for the future, as well as their ability to use past experience to guide decisions. Studies that have examined the relationship between intentions and behaviour have not consistently demonstrated a strong relationship between them. This may have been partly a result of not considering variables such as identity achievement that could have an effect on the person's ability to carry out their intentions.

Relationships and Risky Behaviours

The teens in this study who had had more than one sexual partner also discussed some involvement with drugs and/or alcohol, and for some they were involved in petty crimes. Other studies have found that a higher proportion of teens who are sexually active are also involved in a greater number of risk behaviours than those teens who are not sexually active (Irwin, 1993). Jessor (1992) has suggested that there may be a "risk behavior syndrome" (p. 379) since many adolescents who are involved in risk behaviours tend to be involved in several risk behaviours. He suggested that rather than focusing only on specific behaviours, it may be important to look at the adolescent as a whole person and to examine the social, environmental, psychological factors influencing several behaviours and to use a broad conceptual framework. In Nesbitt's (1994) review of theories related to

adolescent risk behaviour, she emphasized the multifaceted nature of the behaviour and pointed out that all the theories "point to the relevance of social contextual factors and biological determinants" (p. 22).

It was observed by Muuss (1988) that if adolescents have not achieved good identity status, they may become involved in several risky behaviours that have high potential of negative consequences including sexual activity. This is certainly true of the girls in Group B2 of this study. It is recognized that exploration and taking some risks are healthy components of adolescent development, participation in several high risk activities may have detrimental effects. While Muuss considered participation in many, very risky behaviours a result of poor identity formation, Mitchell (1992) suggested that risky activities may not only be the result of this but may, in fact, be partly the cause of poor identity formation. "These behaviours and attitudes do not necessarily exist because of a failed identity, they can be the causes of it" (Mitchell, 1992, P. 136). Zabin and Hayward (1993) also supported the concern that early sexual contact sometimes does put teens at risk in terms of their development and goals for the future. Matteson (1975) also argues that "the act of intimacy becomes burdened with the excess baggage of other issues, confusing further the attainment of identity and genuine intimacy" (p. 162).

In a comprehensive review of risk-taking behaviour among adolescents, Nesbitt (1994) suggested we should "consider the idea that sexual experimentation is a part of a healthy process in adolescent sexual identity formation and autonomy" (Nesbitt, 1994, p. 86). Clarification of the term "sexual experimentation" including

what aspects may be healthy and what components may be accompanied by extremely high risk would be helpful. If there was official sanction that adolescent sexual exploration was healthy, without the added explanations, could it lead to further problems with identity formation and increase the sense of pressure on young teens to become sexually active? With the pressure felt mostly by the females, would we also be increasing the exploitation of women? While some forms of risk taking behaviours are a healthy part of adolescence, the consequences of early and/or unprotected sexual activity are severe enough to give professionals cause to guide youth away from these risky behaviours.

Other Issues

Males and Females

Most of the teens mentioned some differences between the way males and females are viewed in relation to sexual activity. There seems to be an expectation that boys more than girls will be sexually active, and the old view persists that if boys are sexually active they are considered "studs" and if girls are active they are considered "sluts". Most of the girls did discuss some degree of pressure from their partners. The pressure sometimes took the form of coercion and occasionally rape and included a lesser degree of pressure in situations where the boyfriend indicated he was ready to be sexually active whenever the girl was ready. The girls reported that it was the boys who took the initiative in relation to sexual activity and they went along, wanting to please the guy and/or to maintain the relationship. The

females were also very concerned about PACT and if they were with a partner who did not support these views, they often had unprotected sex. Marticka-Tyndale (1991) found that the causal factors for condom and contraceptive use were different for males and females.

Hormonal effects seem to have a stronger influence on males and social pressures seem more important to women (Zabin & Hayward, 1993). There still seemed to be the view that boys give love to get sex and the girls give sex to get love. Zabin and Hayward (1993) commented that young women have reported wanting stronger relationships with a partner before they become sexually active and also tended to describe their relationship with their last sexual partner as stronger than the male would. In this study, Stephanie commented about the strong emotional attachment that came with sexual involvement and she could not understand why this did not happen to the same degree for the males. Nguyen, Saucier, and Pica (1994) recommended developing strategies to encourage males to take more responsibility in the use of condoms. The socialization of male and female roles does not appear to have changed as dramatically as the norms related to sexual activity. Perhaps females are even more vulnerable today where the male initiates sexual activity, are less concerned about PACT, and the social norms provide little reason for the girls to say no.

Pressure/Abuse

Pressure or coercion to be sexually involved was not easily identified by the

teens. Stephanie said that she participated in sexual activity voluntarily, and yet later admitted she felt that if she did not have sex with her boyfriend, the relationship would not last. She also said that although she did not enjoy having sex, and found it very painful initially, she continued to have sex to try and maintain her relationship. The relationship did eventually break up and she thought it may have been due to her lack of sexual enjoyment. "From what I've heard, guys are really insulted when girls don't like it, and he definitely knew" (Stephanie A:1244). Mary also talked about strong pressure from an older boyfriend who said their relationship would be better if they had sex. The only occasion she admitted not having voluntarily agreed to sex was when he was spaced out on drugs and came in through the window to her bedroom and forced her to have sex. Thompson (1990) in interviews with 400 teenage girls about their initiation into sexual activity also described a failure to recognize or name coercion if the sexual activity took place with someone the girl had a relationship with and really cared about.

Love Addicts

One of the teens in the study described himself as a love addict and thought this had happened because he had been sexually active before he had wanted to be. Griffin-Shelley (1994) recognized that teens can be sex and love addicts and although the concept is not fully tested said that he sees addicted teens every day. "Teenagers are suffering every day with sexual behaviours and relationship dependencies that they cannot control" (Griffin-Shelley, 1994, p. 7). He believes

this is often a result of painful childhood experiences and often due to abuse, sometimes from romantic partners. He recognized that not many teens get help since "We are blind to their compulsions and have a need to see all adolescent sex and love behaviours as somehow 'normal' for teens" (Griffin-Shelley, 1994, p. 8).

No regrets

The significance of the first sexual partner and the relationship was described by several of the girls in the study. Although they had broken up, although they almost hated each other now, they frequently made the comment that he would always be special and they were glad that their first partner was that particular fellow. It raises the question of whether this rationalization helps them to maintain some sense of self identity and coherence of action with their identity. Thompson (1990) also found that several of the girls she interviewed found it very important to cherish their first lovers. Sandra, who became pregnant, had indicated that she would not have become sexually involved if she hadn't thought it would last forever. Zabin and Hayward (1993) indicated that younger adolescents are less likely to develop relationships that last long term and they are also more likely to have an unreal perspective of the relationship. Despite the fact that Sandra and her boyfriend had broken off their relationship, she was still hopeful that they would get back together again.

The four girls from Group B2 all can be characterized as having relationships of very short duration, little knowledge of their partner, and on occasion having had

sex the same day they met the fellow. They were involved at a young age with older fellows and continued to have relationships where the level of understanding of one another was minimal. Research has shown that those who had sexual intercourse at early ages were more likely to report having a higher number of sexual partners (Durbin et al., 1993). Some of the teens continued to have sexual relations with partners even though the following comments were made,

Although...

- I didn't know him,
- I wasn't comfortable with him,
- It wasn't a good experience,
- He was spaced out,
- He's such a loser,
- He's using me,
- I didn't really want it but he did,
- He treated me like crap,
- I agreed but then I wanted it to stop,
- I didn't like him that much,
- He had an STD,
- He paid attention to his needs and not mine,
- He didn't believe in birth control,
- He wouldn't use protection.

Theoretical Models

Zabin and Hayward (1993) have proposed a model depicting the factors influencing the onset of sexual intercourse and the interactions between them. In their analysis of the complexity of the influences on sexual intercourse, they emphasized an "image of the young person as an interactive agent who retains the ability to resist the pressures of society or even of his or her own hormones" (Zabin & Hayward, 1993 p. 52). They recognized that the influences of the social and community environment in which the adolescents live are passed on to the adolescents through their families, friends and interactions and experiences of life and will affect the teen's sense of self. They suggested that while physical developments affect the sexual drive, also with this development, teens have an increased ability to resist some of their biological drives. They view the individual as having the responsibility to determine or decide their own actions through, what they term, "a young person's calculus of choice" (Zabin & Hayward, 1993, p. 52).

Several models have been proposed to examine the factors influencing sexual risk taking behaviours (Fisher & Fisher, 1992; Herold, 1984). Herold (1984) adapted the health belief model to examine contraceptive use and included both the attitudes and behaviours related to the sexual activities of teens. Except for Sandra, the teens in this study all felt that they definitely did not want to get pregnant. They thought they had enough information related to contraception and were easily able to get birth control supplies. Herold (1984) found that those who had more frequent sex and multiple partners were more able to use contraception. For the

teens in this study, those who had long term partners were able to use contraception effectively, but the females in Group B2 who had multiple partners were of most concern in their inconsistent use of contraception. With the increase in concern about STDs, it is important to not only focus on contraceptive use, but to also look at effective use of condoms in the prevention of STDs.

The Information, Motivation and Behavioral skills model (IMB model) focused specifically on AIDS risk reduction behaviours (Fisher & Fisher, 1992). Teens in this study seemed consistent in recognizing the need for using protection, and all thought they had sufficient practical information to take action in this regard. All said they were motivated but the females, particulary in B2 were also affected by circumstances, situations, and partners and did not always follow through with their intention to use protection. The IMB model would suggest that they needed help in their behavioral skills and their ability to communicate with their partner related to consistent use of protection. From this study, skills related to recognizing and dealing with pressure from others would also be essential. Discussions with the teens in this study indicated some were not only lacking in skills specifically related to discussing their sexual activity, but the ones most at risk also had difficulty in developing relationships and communicating with their boyfriends on almost any topic.

The model presented in the present study purports to describe the factors influencing sexual activity as well as factors influencing the teens' ability to take responsibility for protection and contraception. The progress made towards

Achieving Identity had a big influence on the adolescents' sense of control of their own lives and the direction they wanted to take. It also had a strong influence on their ability to develop effective and more well established relationships and not to be overly influenced by their friends or partners. Those who had not developed a strong identity and got involved sexually did not have the life skills necessary to discuss very difficult and intimate details related to protection and sexual activity. They were unable to develop the kind of relationships that were built on mutual trust and respect, friendship, and the sharing of self that seems foundational to positive experiences with sexual behaviours.

CHAPTER SIX

CONCLUSIONS AND DISCUSSION

The heart has its reasons, that reason knows not of.

(Pascal, cited in Beattie, 1965, p. 96)

Introduction

Concern about the youth of society is certainly not a new phenomenon. The developmental tasks of adolescence are a challenge to youth and their families and friends who stand by to support; and to society, concerned with putting appropriate mechanisms in place to support normal development and to help those who get off track. With the increased proportion of teens engaging in sexual activity at earlier ages, there have been continued efforts to reduce the unwanted consequences of unprotected sexual intercourse. Attempts to understand adolescent sexual risk taking behaviours have focused primarily on the factors influencing the use of contraception and protection and few studies have examined the factors influencing sexual involvement itself.

The adolescents in this study were very willing to share the experiences they had had in their own lives in relation to factors influencing their sexual behaviours. They openly discussed their thoughts and feelings related to their relationships, their sexual experiences and the consequences of these experiences. Clearly seen in the teens' accounts of their lives was the strong influence felt from society, family, friends, and other individuals and social structures within their communities. All of

the teens were clear about how they thought sex should fit into their lives. While some teens wanted to save sex until marriage, some felt they wanted to wait until they met the right person and both people wanted to be involved sexually, and others thought that as long as two people were in agreement with having sexual intercourse, it was not necessary to be in love with each other or even to like each other. All of the teens wanted to use PACT consistently although not all were able to follow through with this intention.

The teens who wanted to save sex until marriage had friends who also valued these goals, and none had been involved sexually and therefore had no worries about STDs or pregnancies. They had strong identities and felt free to develop friendships and relationships without the worry of the unwanted consequences of unprotected sex. The teens with strong identities who intended to wait for the right person or who thought it was alright to have sex if there was mutual agreement, found that their friends and partners did not put undue pressure on them to be involved sexually in a way that was not consistent with their intentions. Those who had been sexually active had relationships with an emphasis on friendship and sharing ideas and life together, and sex was only part of the relationship. Most of the teens had positive experiences and two teens were still going out together at the time of both interviews. Relationships lasted longer and there was a commitment to use PACT consistently. For those two teens who had broken up with their partner, they had had to deal with the pain of the loss of a good friend.

For the teens who had weak identities, if their partners supported their

intentions related to BSA and BSR they had mostly positive experiences. If the partners were not supportive of their intentions they experienced many negative consequences as a result of their sexual activity. The females also experienced some form of pressure to be sexually active. Relationships focused almost exclusively on sex and they frequently remarked that they did not know their partners very well and they ended up feeling like whores or sluts or that they should have been paid. STDs and pregnancies, confusion and emotional distress were frequent consequences of their sexual activities.

In the previous two chapters, the results of this study were presented. Chapter Four included a description of the experiences of the teens in the study and the factors that influenced them in relation to the processes of BSA and of BSR. The influences were discussed using the six C's method of coding (Glaser, 1978). The Theory of Adolescent Sexual Behaviour and related literature was discussed in Chapter Five. The strengths and limitations of the study and comments regarding the method used are discussed in this chapter. The implications for practice and for research are presented.

Strengths and Limitations of The Study

The Method

This study was done using a grounded theory approach (Glaser, 1978) combined with the AEI method (Haig, 1994). This method was particularly suited for the topic of adolescent sexuality as the aim is to discover patterns of actions

and interactions, to discover process and to understand actions from the perspectives of the participants (Strauss & Corbin, 1990). Since the attitudes and behaviours within society have changed dramatically in relation to adolescent sexual behaviours and few studies have been done describing adolescents' experiences from their own perspective, this approach was particularly relevant. An advantage of the AEI method is the recognition that one of the tasks of scientific inquiry is to define our problems more clearly. Using the constant comparative method of analysis, a conceptualization was developed of the adolescent experiences. The Theory of Adolescent Sexual Behaviour is embedded in the thick description of the stories they told. It should be noted that theory developed using this method is still in process of development and requires further exploration to see if it fits with other adolescents with similar or different experiences (Strauss & Corbin, 1990).

The Sample

Sixteen adolescents between the ages of 15 to 18 years of age, who varied in gender and sexual experience provided the information for this study. I attempted to get adolescents with a variety of experiences in the area of sexual behaviours. It was also important to get adolescents who were comfortable and willing to talk about the influences related to sexual activity in our society and in relation to their specific experience. I recruited teens through a variety of agencies and locations throughout the Edmonton area and as recruitment was not done on the basis of their sexual experience, it was encouraging to find that the teens who volunteered had a

variety of experiences. As previously mentioned, there were fewer males than females willing to volunteer for the study, and not included in the experiences of the participants were males who had many partners and did not have a major concern related to protection.

In addition, the adolescents participating in the study came from average middle class families in the Edmonton area which may represent a potential bias. There were no teens who were from low socioeconomic areas or who lived on the streets who may have had very different experiences in the area of sexual behaviours and the influences on those behaviours. It is also possible that participants may not have honestly reflected their experiences. The process of having two interviews three to six months apart and the completion of the questionnaire, and for some the writing of a journal, assisted in putting together a more complete picture of the adolescent experience. There was consistency across all methods of data collection. The adolescents seemed even more open than I expected in relation to sharing their thoughts, feelings and experiences and the influences that they recognized. They seemed genuinely interested in sharing their experiences and in some instances, clarifying for themselves the influences they had felt and their reactions and responses to the consequences of their actions.

It is important to recognize that there are differences between the experiences of the males and the females. This may have partially been because the males who volunteered for the study were fairly strong in their own identities. All of the males at the time of the interviews were strongly in favour of using PACT if they were

sexually involved and perhaps, because they were males, they were able to insist on this consistently. All of the females also said they wanted to use PACT but their consistent use of PACT depended on the type of relationship they had and whether the partner was also supportive of their intentions related to BSA and BSR.

One factor that is usually recognized as very significant in adolescent sexuality is that of biological maturation. This did not come out as an influencing factor in the interviews with the teens in this study. This could have been due to the fact that the teens were all in mid-adolescence and therefore similar in their physiological development. Also, more importantly, the teens did not mention this as a major concern or issue for them. Therefore the theory did not include this category as it was not discussed by the teens. "The analyst humbly allows the data to control him as much as humanly possible, by writing a theory for only what emerges" (Glaser, 1992, p. 87).

The Researcher

My concern in relation to adolescent sexual behaviour was from a Public Health perspective and related to the continued proportion of adolescents getting STDs and becoming pregnant despite the increase in sex education and availability of condoms and oral contraceptives. My own bias was related to a concern that our society had almost sanctioned and almost encouraged the sexual exploration of adolescents and I questioned whether high proportions of adolescents were really wanting to be involved sexually. I tried to put my own biases and values aside and

to remain sensitive to the experiences as told by the adolescents. I also expected that teens that had been involved sexually would talk about their experiences more positively than they did. While some spoke positively, there were many, specifically those who had more than one partner, who recounted their experiences of disillusionment and confusion as well as STDs and pregnancy. When talking with some of the teens it was hard to remain the researcher and resist the pull to become nurse and counsellor. When teens needed and were willing to have help, I referred them to an appropriate professional in their community.

During the process of analyzing the data, it became clear that all adolescents had the same perceptions of the influences of society, the media, and the message from sex education programs, whether given through schools or other social agencies. In analyzing and re-analyzing the data, it became clear there were differences among the teens, but identifying the underlying cause of the differences was somewhat problematic. Concern for the teens who seemed to feel sexual intercourse was an expectation led my research assistants and me to talk about what could be done to change the norms of society so teens would not feel pressure to be sexually involved before they were ready. Initially I resisted the idea that Achieving Identity was the core variable, however, as I examined the transcripts, I became more convinced that Achieving Identity accounted for a major portion of the variation among the teens. The adolescents who had a stronger sense of their own identity also had more positive experiences with relationships, and if they chose to be sexually active their experiences also tended to be positive with few regrets.

Those teens who had a stronger sense of their own identity were older in age and, for those who had been sexually active, their first sexual experience also tended to be at an older age. Being older, of course, would have given them more time to develop a sense of identity, although age is not the only factor in identity formation. The teens with a weak sense of identity had less satisfying relationships, more negative consequences as a result of sexual activity, and a lowered view of themselves.

The importance of Achieving Identity for the individual is clearly reflected in the data. Less clear is the "fit" between the identities of each partner. Since I only was able to interview both partners for one couple I am not able to examine the relationships between the couples in their identity development. This would present an important area for further study. Other aspects for further exploration and study include: developing and evaluating multifaceted approaches to sex education including teens, parents, as well as schools, public health, church, and community groups; studying ways to support, encourage and guide teens in developing their identities; further examine the relationship between identity development, sexual behaviours and levels of intimacy; and examine the effect of emphasizing the importance of viewing sex within the broader context of identity, love and relationship.

Conclusions

> No great improvements in the lot of mankind are possible, until a great change takes place in the fundamental constitution of their modes of thought.
> (John Stuart Mill, Quoted in Loraine, 1970)

Society and its underlying philosophies exert a strong influence on us all and it is often difficult to disentangle ourselves enough to have a clearer view of the influences. In an effort to have youth feel more comfortable with their sexuality and not to be prescriptive about behaviour we have created a context that for some has resulted in a feeling they should be sexually involved, like almost everyone else. The explication of the experiences of the teens in this study brings into question the wisdom of open acceptance of sexual exploration among teens with the only guidance being - "Protect yourself when you do have sex". In our post modern era there are no absolute moral values that are adhered to by the total society and instead we are left with a "consensus" view to the establishment of ethics or moral choices and "value free" educational programs. We need to re-examine our world view and philosophy of life and determine its adequacy for today in all areas of life and specifically in relation to society's message about adolescent sexual activity.

Despite society's strong influences, teens who have positive experiences within their families, have a set of beliefs and values, have good friendships and have many interests including school and a future career have a good chance of developing a strong identity. They are better able to cope with the influences and pressures around them, develop healthy relationships and choose sexual behaviours that are consistent with who they are. A society that supports identity development,

encourages teens to postpone sexual intercourse, teaches broadly based sexuality education programs taught within a larger framework of relationships and emotional and identity development would help to put sexuality into perspective. Hopefully this would help teens to develop healthy views of themselves and their sexuality.

References

Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice-Hall.

Alberta Health (1989). *Adolescent reproductive health in Alberta*. Edmonton, Alberta: Provincial Report.

Alberta Department of Community and Occupational Health (1987). *In trouble: A way out*. Edmonton, Alberta: Provincial Report.

Allgeier, A. R. (1983). Ideological barriers to contraception. In D. Byrne & W.A. Fisher (Eds.), *Adolescents, sex, and contraception*, (pp. 171-205). Hillsdale, N.J.: Erlbaum.

Allgeier, A. R. (1983). Informational barriers to contraception. In D. Byrne & W.A. Fisher (Eds.), *Adolescents, sex, and contraception*, (pp. 143-169). Hillsdale, N.J.: Erlbaum.

Archer, S. L. (1993). Identity status in early and middle adolescents. In J.E. Marcia, A.S. Waterman, D.R. Matteson, S.L. Archer, & J.L. Orlofsky (Eds.), *Ego identity: A handbook for psychosocial research*, (pp. 177-198). New York: Springer-Verlag.

Archer, S. L., & Waterman, A. S. (1983). Identity in early adolescence: A developmental perspective. *Journal of Early Adolescence*, *3*(3), 203-214.

Atwater, E. (1983). *Adolescence*. Englewood Cliffs, NJ: Prentice- Hall.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, N.J.: Prentice-Hall.

Barth, R. P. (1989). *Reducing risk: building skills to prevent pregnancy*. Santa Cruz, CA: Network Publishers.

Beattie, A. H. (1965). *Selections from The Thoughts: Pascal*. Arlington Heights, Illinois: Harlan Davidson.

Benda, B. B., & DiBlasio, F. A. (1994). An integration of theory: Adolescent sexual contacts. *Journal of Youth and Adolescence*, *23*(3), 403-420.

Bibby, R. W., & Posterski, D. C. (1985). *The emerging generation*. Toronto, Ontario: Irwin Publishing.

Bibby, R. W., & Posterski, D. C. (1992). *Teen trends: A nation in motion*. Toronto: Stoddart.

Bloom, A. (1993). *Love and friendship*. New York: Simon and Schuster.

Britton, P. O., de Mauro, D., & Gambrell, A. E. (1992, October). HIV/AIDS Education. *SIECUS Report, 21*(1-8),

Byrne, D. (1983). Sex without contraception. In D. Byrne & W.A. Fisher (Eds.), *Adolescents, sex, and contraception*, (pp. 3-31). Hillsdale, NJ: Erlbaum.

Dash, L. (1989). *When children want children: The urban crisis of teenage childbearing*. New York: William Morrow and Company.

DeLamater, J. (1983). An interpersonal and interactional model of contraceptive behavior. In D. Byrne & W. A. Fisher (Eds.), *Adolescents, sex, and contraception*, (pp. 33-48). Hillsdale, NJ: Erlbaum.

Durbin, M., DiClemente, R. J., Siegel, D., Krasnovsky, F., Lazarus, N., & Camacho, T. (1993). Factors associated with multiple sex partners among junior high school students. *Journal of Adolescent Health, 14*, 203-207.

Edmonton Board of Health. (1993, December). *Talking to your children about sexuality*. Edmonton, Alberta.

Edmonton Board of Health. (1992). *Annual Report 1991*. Edmonton, Alberta.

Edmonton Board of Health. (1994). *Goals Project, Promoting responsible sexual behaviour*. Edmonton, Alberta. pp. 1-3.

Edwards, J. (1992). *Adolescent sexuality and contraceptive use*. Unpublished manuscript. Department of Educational Psychology, University of Alberta. Edmonton, AB.

Eliot, T. S. (1979). *Four Quartets*. London: W. J. MacKay Limited.

Erikson, E. H. (1968). *Identity Youth and Crisis*. New York: W. W. Norton & Company.

Erikson, E. H. (1980). Youth and the life cycle. In Rolf E. Muuss (Ed.) *Adolescent behaviour and society: A book of readings*, (pp. 226-237). New York: Random House.

Field, P. A., & Morse, J. M. (1985). *Nursing research: the application of qualitative approaches*. Rockville, Maryland: Aspen Publishers.

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Don Mills, Ontario: Addison-Wesley.

Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin, 111*(3), 455-474.

Fisher, T. D. (1986, December). An exploratory study of parent- child communication about sex and the sexual attitudes of early, middle, and late adolescents. *Journal of Genetic Psychology, 147*(4), 534-557.

Fisher, W. A. (1990, April). All together now: An integrated approach to preventing adolescent pregnancy and STD/HIV infection. *Sex Information Education Council of the United States, 18*(4), 3-11.

Fisher, W. A. (1984, December). The psychology of adolescent contraceptive neglect: theory, research, and proposed interventions. *Sex Information and Education Council of Canada, 194*, 1-10.

Fisher, W. A. (1989, June). Understanding and preventing teenage pregnancy and sexually transmissible disease/AIDS. *Sex Information and Education Council of Canada, 4*, 3-25.

Flora, J. A., & Thoresen, C. E. (1989). Components of a comprehensive strategy for reducing the risk of AIDS in adolescence. In V. M. Mays, G. W. Albee, & S. F. Schneider (Eds.), *Primary Prevention of AIDS*, (pp. 374-389). Newbury Park: Sage.

Fox, G. L., & Inazu, J. K. (1980). Patterns and outcomes of mother-daughter communication about sexuality. *Journal of Social Issues, 36*, 7-29.

Gairdner, W. (1995, March 18). Condoms not solution to AIDS tragedy. *Edmonton Journal*

Gattegno, C. (1971). *The Adolescent and His Will*. New York: Outerbridge & Dienstfrey.

Genuis, S. J., & Genuis, S. K. (1993, June). The dilemma of adolescent sexuality Part I: The onset of sexually transmitted diseases. *Journal of the Society of Obstetricians and Gynaecologists of Canada, 15*(5), 552-565.

Genuis, S. J., & Genuis, S. K. (1994, February). The dilemma of adolescent sexuality Pat IV - Dealing with the challenge. *Journal of the Society of Obstetricians and Gynaecologists of Canada, 16*(2), 1343-1359.

Glaser, B. G. (1978). *Theoretical sensitivity: advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.

Glaser, B. G. (1992). *Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociology Press.

Gordon, S. (1992, August). Values-based sexuality education: Confronting extremists to get the message across. *SIECUS Report, 20*(6), 1-4.

Griffin-Shelley, E. (1994). *Adolescent Sex and Love Addicts*. Westport, Connecticut: Praeger.

Guba, E. G. (1990). *The paradigm dialog*. Newbury Park: Sage.

Haffner, D. W. (1992, December). Toward a new paradigm on adolescent sexual health. *SIECUS Report*, 26-30.

Haffner, D. (1992, October). Youth still at risk, yet barriers to education remain. *SIECUS Report*, 10-12.

Haig, B. (1994). Grounded theory as scientific method.

Hajcak, F., & Garwood, P. (1989, December). Quick fix sex: Pseudosexuality in adolescents. *Sex Information and Education Council of Canada, 4*, 55-58.

Hall, G. S. (1904). *Adolescence - its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion, and education*. New York: D. Appleton & Co.

Hergenhahn, B. R. (1990). *An introduction to theories of personality* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.

Herold, E. S. (1984). *Sexual behaviour of Canadian young people*. Markham, Ontario: Fitzhenry & Whiteside.

Hurlock, E. B. (1949). *Adolescent development*. New York: McGraw- Hill Book Company.

Irwin, C. E. (1993). Adolescence and risk taking: how are they related? In N.J. Bell & R.W. Bell (Eds.), *Adolescent risk taking*, (pp. 7-28). Newbury Park: Sage.

Jessor, R. (1992). Reply: Risk behavior in adolescence: A psychosocial framework for understanding and action. *Developmental Review, 12*, 374-390.

Kantor, L. M. (1992, December). Scared chaste? Fear-based educational curricula. *SIECUS Report, 21*(2), 1-15.

Kantor, L. M., & Haffner, D. W. (1995, February). Responding to "The failure of sex education". *SIECUS Report, 23*(3), 17-18.

Keen, S. (1983). *The passionate life: stages of loving*. San Francisco: Harper & Row.

Kessen, W. (1979). The american child and other cultural inventions. *American Psychologist, 34*(10), 815-820.

Kett, J. F. (1977). *Rites of passage: Adolescence in America 1790 to the present*. New York: Basic Books Incorporated.

Kieren, D. K. (1988). *Growing through knowing: issues in sexuality*. Agincourt, Ontario: GLC Publishers.

Kieren, D., Cumming, C. E., & Cumming, D. C. (1992, November). Preventing sexually transmitted diseases. *Canadian Family Physician, 38*, 2641-2645.

King, A. J. C., Beazley, R. P., Warren, W. K., Hankins, C. A., Robertson, A. S., & Radford, J. L. (1988). *Canada youth and AIDS study*. Ottawa, Ontario: Federal Centre for AIDS.

Kirby, D. (1995, February). Douglas Kirby responds to the Atlantic. *SIECUS Report, 23*(3), 19.

Kirby, D. (1985, March). The effects of selected sexuality education programs: Toward a more realistic view. *Journal of Sex Education and Therapy, 11*(1), 28-37.

Kirby, D. (1992, December). Sexuality education: It can reduce unprotected intercourse. *SIECUS Report, 21*(2), 19-25.

Kirby, D. (1985, December). Sexuality education: A more realistic view of its effects. *Journal of School Health , 55*(10), 421-424.

Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991, November). Reducing risk: impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives, 23*(6), 253-263.

Langille, D. B., Beazley, R., Shoveller, J., & Johnston, G. (1994, July). Prevalence of high risk sexual behaviour in adolescents attending school in a county in Nova Scotia. *Canadian Journal of Public Health, 85*(4), 227-230.

Lewis, C. S. (1977). *The Pilgrim's Regress*. London: Fount.

Lichtenstein, H. (1977). *The Dilemma of Human Identity*. New York: Jason Aronson.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park : Sage.

Lindemann, C. (1974). *Birth control and unmarried young women*. New York: Springer Publishers.

Loraine, J. A. (1970). *Sex and the population crisis*. Surrey, England: Unwin Brother Ltd.

Lussier, O. (1993, June). *Preventing Pregnancy: a discussion paper*. Alberta Health. Edmonton, Alberta

Marcia, J. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology, 3*(5), 551- 558.

Marcia, J. (1993). The ego identity status approach to ego identity. In J.E. Marcia, A.S. Waterman, D.R. Matteson, S.L.Archer, & J.L. Orlofsky (Eds.), *Ego identity, a handbook for psychosocial research* (pp. 3-21). New York: Springer-Verlag.

Marcia, J. E., Waterman, A. S., Matteson, D. R., Archer, S. L., & Orlofsky, J. L. (1993). *Ego identity, a handbook for psychosocial research*. New York: Springer-Verlag.

Martinuk, S. D. (1994, December 19). The new sexual revolution - get the facts straight. *Citizen, Focus on the Family*, pp. 1-3.

Masserman, J. H., & Uribe, V. M. (1989). *Adolescent sexuality*. Springfield, Illinois: Charles C. Thomas.

Maticka-Tyndale, E. (1991, February). Sexual scripts and AIDS prevention: Variations in adherence to safer sex guidelines by heterosexual adolescents. *The Journal of Sex Research, 28*(1), 45-66.

Matteson, D. R. (1975). *Adolescence today: Sex roles and the search for identity*. Homewood, Illinois: The Dorsey Press.

McKay, A. (1993, June). Research supports broadly-based sex education. *The Canadian Journal of Human Sexuality, 2*(2), 89-98.

Miller, P. (1989). *Theories of developmental psychology*. New York: W. Freeman and Company.

Mitchell, J. J. (1992). *Adolescent struggle for selfhood and identity*. Calgary: Detselig.

Mitchell, J. J. (1986). *The nature of adolescence*. Calgary, Alberta: Detselig Enterprises Limited.

Morris, R. W. (1993, June). Teaching values in sexuality education: from value-freedom to neutrality and beyond. *The Canadian Journal of Human Sexuality, 2*(2), 71-78.

Mueller, K. E., & Powers, W. G. (1990, June). Parent-child sexual discussion: perceived communicator style and subsequent behaviour. *Adolescence, 25*(98), 469-482.

Muuss, R. E. (1980). *Adolescent Behavior and Society A Book of Readings*. New York: Random House.

Muuss, R. E. (1964). *Theories of adolescence*. New York: Random House.

Muuss, R. E. (1988). *Theories of Adolescence*. New York: Random House.

Nesbitt, T. (1994). *Risk-Raking behaviour in adolescents*. Unpublished masters thesis, University of Alberta, Edmonton, AB.

Nguyen, M. N., Saucier, J. F., & Pica, L. A. (1994). Influence of attitudes on intention to use condoms in Quebec sexually active male adolescents. *Journal of Adolescent Health, 15*, 269-274.

Orlosfsky, J., Marcia, J., & Lesser, I. M. (1973). Ego identity status and the intimacy versus isolation crisis of young adulthood. *Journal of Personality and Social Psychology, 27*(2), 211-219.

Oz, S., & Fine, M. (1988, September). A comparison of childhood backgrounds of teenage mothers and their non-mother peers: a new formulation. *Journal of Adolescence, 11*, 251-261.

Perillenltensky, I. (1989). Psychology and the status quo. *American Psychologist, 44*(5), 795-802.

Peterson, L. (1988, September). The issue - and controversy - surrounding adolescent sexuality and abstinence. *Sex Information and Education Council of the United States, 17*, 1-8.

Richard, D. (1990). *Has sex education failed our teenagers*? Pomona, CA: Focus on the Family Publications.

Santelli, J., Alexander, M., Farmer, M., Johnson, T., Rosenthal, B., & Hotra, D. (1992). Bringing parents into school clinics: parent attitudes toward school clinics and contraception. *Journal of Adolescent Health, 13*, 269-274.

Sarason, S. B. (1981). An asocial psychology and a misdirected clinical psychology. *American Psychologist, 36*(8), 827-836.

Seidman, S. N., Mosher, W. D., & Aral, S. O. (1994). Predictors of high-risk behavior in unmarried American women: adolescent environment as risk factor. *Journal of Adolescent Health, 15*, 126-132.

Shaughnessy, M. F., & Shakesby, P. (1992). Adolescent sexual and emotional intimacy. *Adolescence, 27*(106), 475-480.

Shen, J. T. Y. (1982, April). Adolescent sexual behavior. *Adolescent Sexuality, 71*, 46-55.

SIECUS Report. (1994, June). Teens talk about sex: adolescent sexuality in the 90's. *SIECUS Report*, 16-17.

Smith, E. A. (1989). A Biosocial Model of Adolescent Sexual Behaviour. In G.R. Adams, R. Montemayor, & T.P. Gullotta (Eds.), *Biology of Adolescent Behavior and Development*, (pp. 143-167). Newbury Park: SAGE.

Spain, J. (1988). *Sexual, contraceptive, and pregnancy choices - counselling adolescents*. New York: Gardner Press.

Strauss, A., & Corbin, J. (1990). *Basics of Qualitative Research*. Newbury Park: Sage Publications.

Sullivan, H. S. (1953). *The Interpersonal Theory of Psychiatry*. New York: W. W. Norton & Company.

Thompson, S. (1990, August). Putting a big thing into a little hole: Teenage girls' accounts of sexual initiation. *The Journal of Sex Research, 27*(3), 341-361.

Varnhagen, C. K., Svenson, L. W., Godin, A. M., Johnson, L., & Salmon, T. (1991, March). Sexually transmitted diseases and condoms: high school students' knowledge, attitudes and behaviours. *Canadian Journal of Public Health, 82*, 129-132.

Walters, L. H., Walters, J., & McKenry, P. (1990). Differentiation of girls at risk of early pregnancy from the general population of adolescents. Journal of Genetic *Psychology, 148*(1), 19-29.

Waterman, A. S. (1993). Overview of the identity status scoring criteria. In J.E. Marcia, A.S. Waterman, D.R. Matteson, S.L. Archer, & J.L. Orlofsky (Eds.), *Ego identity: A handbook for psychosocial research*, (pp. 156-176). New York: Springer-Verlag.

Yoos, L. S. (1987, July). Adolescent cognitive and contraceptive behaviors. *Pediatric Nursing, 13*, 247-250.

Zabin, L. S., & Hirsch, M. B. (1988). *Evaluation of pregnancy prevention programs in the school context*. Lexington, MA: D.C. Heath and Company.

Zabin, L. S., & Hayward, S. C. (1993). *Adolescent sexual behavior and childbearing*. Newbury Park: Sage.

Zimet, G. D., DiClemente, R. J., Lazebnik, R., Anglin, T. M., Ellick, E. M., & Williams, P. (1993). Changes in adolescents' knowledge and attitudes about AIDS over the course of the AIDS epidemic. *Journal of Adolescent Health, 14*, 85-90.

APPENDIX A

FACTORS INFLUENCING ADOLESCENT SEXUAL BEHAVIOURS

Research Questionnaire

Introduction

The following are included to get your input on questions not asked directly in the interviews. Please be assured that the information you provide will be kept confidential. I am interested in your honest feedback, but please feel free to skip any questions you do not wish to answer. Thanks again for your help with this study!!

1. What do you think are the best ways to prevent pregnancy?

_____

_____

_____

_____

2. What do you think are the best ways to prevent AIDS and other STDs, sexually transmitted diseases (e.g. chlamydia, gonorrhea, herpes)?

_____

_____

_____

_____

3. When during a woman's menstrual cycle is she most likely to get pregnant?

_____

_____

_____

_____

4. The following factors have been identified as having an influence on teenager's decisions to be sexually involved. Please indicate how much you think the factors influence teenagers **to <u>not</u> have** sex or **to have** sex, using the following scale.

Strong Influence to not have sex			**Neutral**			**Strong Influence to have sex**
1	**2**	**3**	**4**	**5**	**6**	**7**

_____	TV	_____	Magazines
_____	Books	_____	Movies
_____	Music	_____	Religious beliefs
_____	Moral values	_____	Parent's beliefs
_____	Relationship with parents	_____	Siblings
_____	Friends	_____	Partner
_____	Teachers	_____	Students at school
_____	Everybody is "doing it"	_____	Society's values
_____	Physical passion	_____	Curiosity
_____	Desire to be loved	_____	Desire to be cool
_____	Desire to belong	_____	Desire to be mature
_____	Fear of losing the relationship	_____	Fear of pregnancy
_____	Fear of AIDS	_____	Fear of other STDs
_____	Having goals for the future	_____	Self esteem
_____	Availability of contraceptives	_____	Personal experience
_____	Availability of condoms	_____	Use of alcohol
_____	Good communication - partner	_____	Use of other drugs
_____	Loneliness	_____	Love
_____	Knowledge of how to prevent pregnancy and STDs		
_____	Other (please specify) _____		
_____	_____		
_____	_____		

5. How often have you had the following experiences?

	Never	One time	A few times	Often
Hugging and kissing	1	2	3	4
Deep (open mouth) kissing	1	2	3	4
Petting above the waist	1	2	3	4
Petting below the waist	1	2	3	4
Sleeping together	1	2	3	4
Sleeping together (without sexual intercourse)	1	2	3	4
Sexual intercourse	1	2	3	4
Oral sex	1	2	3	4
Anal sexual intercourse	1	2	3	4
Other (Please specify)	1	2	3	4

6. If you have not had sexual intercourse, what are your main reasons? Please indicate the first and second reason by marking a #1 next to the first reason and a #2 next to the second reason. If you have had sexual intercourse, what do you think are the two main reasons some of your friends may have for not having sex?

Not ready yet _____

Religious beliefs _____

Fear of pregnancy _____

Fear of AIDS _____

Fear of other STDs

(Chlamydia, gonorrhea, herpes) _____

Parent's disapproval _____

Friend's disapproval _____

Want to be a virgin until marriage _____

Haven't met the right person _____

Other (please specify) _____

If you have NOT had sexual intercourse, thank you for answering the questionnaire! The following questions are for those who have had sexual intercourse.

7. For what reasons did you first have sexual intercourse? Please indicate the first, second, and third reasons by marking a #1 next to the first reason, a #2 next to the second reason, and a #3 next to the third reason in the first column. Also please indicate your 1st, 2nd, and 3rd reasons for the most recent time you had sexual intercourse.

	1st time	Recent time
It was expected by friends	_____	_____
To maintain a relationship	_____	_____
Curiosity	_____	_____
Under the influence of alcohol &/or drugs	_____	_____
Got carried away by passion	_____	_____
Loneliness	_____	_____
Love for the person	_____	_____
Physical attraction	_____	_____

8. With about how many persons have you had sexual intercourse? _____

9. How often have you had sexual intercourse in the past month? _____

10. How often have you and/or your sexual partner(s) used the following methods of protection to: A) prevent pregnancy and B) prevent STDs, sexually transmitted diseases (e.g. AIDS, Chlamydia, gonorrhea, herpes)? Please use the following scale for your answers.

Never **Sometimes** **Most of the time** **Always**
1 **2** **3** **4**

	A) To prevent Pregnancy	B) To prevent STDs
Birth control pill	_____	_____
Condom	_____	_____
Spermicide (foam or gel)	_____	_____
Condom and spermicide	_____	_____
Rhythm method	_____	_____
Withdrawal	_____	_____
Diaphragm	_____	_____
Morning after pill	_____	_____
Other (please specify)	_____	_____

11. If you have not consistently used a method to protect yourself against pregnancy and STDs, please explain the circumstances of what happened.

_____

_____

_____

_____

THANK YOU!!

APPENDIX B1

ADOLESCENT SEXUAL BEHAVIOURS AND SEXUAL RISK REDUCTION BEHAVIOURS

Description of the Research Project

Researcher: Joy Edwards, Phd Student in Educational Psychology
University of Alberta, Edmonton, Alberta
Phone: 492-3762 (U of A) 483-8813 (H)

Introduction

In a time when increasing numbers of adolescents are engaging in sexual behaviours and many are not protected from the unwanted consequences of sexual activity, it is essential to understand the factors influencing these behaviours. In this dissertation I will explore, through in-depth interviews, the factors that affect adolescents in relation to sexual behaviours and sexual risk reduction behaviours.

The frequency of unwanted pregnancies, abortions, and STDs among adolescents has led to many preventive programs and theoretical models describing the important factors influencing adolescents in relation to sexual behaviours and sexual risk reduction behaviours. Despite the many theoretical models proposed in the literature, few have been tested with adolescents and few studies have been done to describe, from the perspective of adolescents, the complexity of factors and influences on their lives with respect to sexuality. In addition, the models focus on different behaviours such as sexual behaviours, contraceptive use, AIDS-Risk Reduction Behaviours and depending on the theoretical perspective, they include a variety of determinants for the behaviour under consideration. Due to the variety of models in the literature and the need for examining the question from the perspective of adolescents themselves, the qualitative research process will be used in this study to investigate the experiences of adolescents in relation to factors influencing their sexual behaviours and sexual risk reduction behaviours. The analysis of their experiences will be used to propose a model of adolescent sexual behaviours that may be a modification or integration of existing models and that is grounded in the experiences of adolescents.

Participants will be selected to reflect the experiences of both males and females and will include some who are sexually active as well as some who have not yet engaged in sexual intercourse. The interview sample will include individuals between 15 and 17 years of age and will be obtained from agencies, youth groups, word of

mouth, and/or schools in the Edmonton area. It is estimated that for those who are sexually active, four to six males and approximately the same number of females will be interviewed providing a sample between 8 and 12 sexually active adolescents. Approximately the same number of males and females who are not sexually active will also be recruited resulting in a total sample size between 16 and 24 adolescents. Teens will be interviewed about their experiences and also asked to keep a journal for one to two months, about their relationships, thoughts, feelings, and experiences related to sexuality. Those who are not willing to keep a journal will be asked to send a written response for some target questions to the researcher within a month or two of the interview. A follow-up interview will be done with some of the adolescents to verify that the researcher's interpretation of the interview is consistent with the adolescent's understanding of what they wanted to say and also to identify changes that may have occurred between the interviews.

The theoretical models described in the literature will be used to guide the development of questions for semi-structured interviews. The interview guide will be pilot tested with two to four adolescents and modified as necessary. The Grounded Theory approach will be used to analyze the transcripts of the semi-structured interviews and the journals resulting in a theoretical model for the factors influencing adolescents' sexual behaviours that is grounded in the experiences of adolescents.

Statement of the Problem

Despite the increase in sex education programs for adolescents in schools and communities, a high proportion of teens have unprotected sex. In the absence of a comprehensive model examining the factors that influence adolescent sexual behaviours and sexual risk reduction behaviours, it is difficult to develop effective intervention strategies. To develop a model, it is important to understand adolescents' perspectives and experiences with sexuality and sexual behaviours.

Purpose of the Study

The purpose of the study is to propose a comprehensive model of adolescent sexual behaviours and sexual risk taking behaviours. The primary purpose is to further the understanding of these behaviours and not for the purpose of identifying individuals at risk. It is hoped that the development of a comprehensive theoretical model of the factors affecting adolescent sexual behaviours and sexual risk reduction behaviours will lead to increased understanding, which in turn will contribute to the development of appropriate interventions that will reduce the unwanted consequences of unprotected sexual relationships.

APPENDIX B2

Research Project

Teens between the ages of 15 and 17 years of age are needed for a study about Adolescent sexual behaviours and sexual risk taking behaviours. Joy Edwards is a PhD student in Educational Psychology at the University of Alberta and she would like to interview males and females about their experiences in relation to sexuality and factors that have influenced their thinking, attitudes, and behaviours in relation to sexuality. The purpose of the study is to gain understanding, from the perspective of adolescents themselves, about the factors that influence teens today in relation to sexuality and sexual behaviours.

If you are willing to take part in the study, Joy would like to interview you two times about two months apart and would like you to keep a journal of your thoughts and experiences for the period between the interviews. The interviews will be held in a location easily accessible to you, at a time convenient for you, and will be confidential. The interviews will take about 45 to 60 minutes, will be audiotaped, and any references to names on the tapes will be erased. The tapes will be transcribed for analysis purposes and they will be erased one year after completion of the study. Your identity will remain anonymous in any reports written about the study and the audiotapes will be kept secure. Your perspective is needed!

If you are interested in participating in the study,
please call Joy Edwards, Educational Psychology,
University of Alberta #492-3762
#483-8813 (evenings & weekends)

Thanks for thinking about participating!

APPENDIX B3

Adolescent Sexuality and Sexual Risk Reduction Behaviours
Consent Form for Participants

Researcher: Joy Edwards, PhD Candidate, Educational Psychology
University of Alberta, Edmonton, Alberta
Phone: 492-3762 (University of Alberta)

I understand that I am volunteering to participate in a study in which I will be asked to describe my experiences in relation to sexuality and factors that have influenced my thinking, attitudes, and actions in relation to my own sexuality. I am asked to take part in two interviews about two months apart and to keep a journal of my experiences for the period between the interviews. I am willing to share my experiences with the researcher and understand that I can withdraw from the study at any time and that I do not have to answer any questions that I do not want to answer. I understand that the interviews will take about 45 to 60 minutes and will be audiotaped and that any reference to names on the tapes will be erased. The tapes will be transcribed for analysis purposes and they will be erased one year after completion of the study.

I am aware that the purpose of this research is to examine from my perspective and that of other adolescents, our experiences with sexuality and sexual behaviours and the various pressures we feel. I understand that my participation in the study will probably not be of direct benefit to me but the results of the study may contribute to a greater understanding of the factors that influence teenagers like myself in relation to our sexuality and sexual behaviours.

The study has been explained to me and I have had the chance to ask questions about the study. I understand that my identity will remain anonymous in any reports written about the study and the audiotapes will be kept secure. I am satisfied that I have been given sufficient information about the study and I am willing to participate in the study by sharing my experiences.

_____ _____

Date Participant

_____ _____

Date Researcher

APPENDIX C

Sample Topic Areas and Questions for the Semi-Structured Interviews

Demographics:

Age, Grade, School Achievement:
Family Composition:
Parents' Occupation:

Personal Factors:

Future Goals: e.g. Education, Employment, family
Self-Esteem: perception of strengths and weaknesses and their overall sense of self-esteem and self-confidence
Friendships with males and females:
Relational Needs, Needs for Intimacy

- Needs for Physical Love
- Needs For Affection and belonging
- Personal Value System, beliefs, and values
- Fears and anxieties

Vocational Plans, Marriage and Children

- What do you hope to do when you finish school?
- What type of work would you like to do?
- What interests you about this _____?
- Have you always wanted to be _____ or did you think of other careers as well?
- What are your thoughts on marriage?
- Do you hope to have children?
- What have you thought about how marriage and children would fit in with your plans for education and a career?

Religious Beliefs

- Do you have any religious preferences?
- Do you attend church or religious services?
- If yes, how do you religious beliefs influence your life?
- If you don't have religious beliefs, what are the values that you think are important in life?

Sexual Attitudes and Sexual Behaviours:

Areas to consider include:

Premarital sexual standards
Intimacy of relationships
Frequency of intercourse

- When you think of romantic involvements, what stage do you think is best for a person to begin kissing? Petting, fondling, touching above the waist; and below the waist?
- Do you think it is O.K. for a couple to have sexual intercourse, or "go all the way" if they are in love?
- Is it O.K. if they just like each other?
- Do you think it is old fashioned to suggest that a couple should wait until marriage before having sex?
- Do you think sexual needs are basic needs similar to eating and drinking?
- What are your views about teen pregnancy? - Abortion?

Psychological Costs and Barriers

Cues To Action

- Have you ever been pregnant or contracted a STD?
- Have you ever worried about being pregnant or having a STD?

The IMB Model:

Information

- How does a person get pregnant or contract a sexually transmitted disease (STD)?
- What behaviours could decrease the risks of getting pregnant or getting a STD?

Motivation: Attitude

- What are the possible consequences of various sexual behaviours and sexual risk reduction behaviours.
- How do you evaluate the importance of the consequences?

Motivation: Subjective Norms

- What do you think your parents, peers, and society think you should be doing in relation to sexual activity and STD-risk preventive behaviours?
- How strongly motivated are you to comply with these significant people in your life?

Behavioural Skills

- What skills do you think are important in relation to consistent and effective sexual risk reduction behaviours?
- How well are you able to perform these skills?

Risk Reduction Behaviours

- What are your sexual behaviours and sexual risk reduction behaviours?

The above topics and types of questions were asked within the context of discussion about their lives, relationships, and experiences.

APPENDIX D

Descriptions of the Adolescents and their Experiences

Group A: Teens Who Have Not Had Sexual Intercourse

The five teens interviewed who had not had sexual intercourse ranged in age from 15 to 17 years of age and were in grades 9, 11, or 12. All of these teens lived with both parents and had between one and three siblings. Both parents worked although some of the mothers had part time jobs and the teens all reported fairly good relationships with their parents and brothers and/or sisters. Nancy stated that although her family was quite close, they did not do very much together. She reported having a small group of close friends though she did not think she was well liked by many other than her small group. The other teens reported having many friends at school and in the neighbourhood and enjoyed doing a variety of activities.

All of the teens were doing well at school and had plans to go to University or College and pursue some type of career. Some of them were still wrestling with several possibilities for future careers and hadn't settled on exactly what they hoped to do in the future. All thought they would marry and have families at some point in the future, although Neil thought it might be a bit monotonous to live with the same person all the time.

The teens reported a variety of dating experiences, from some casual dates, to dating for several months, to one who had had a serious long term relationship for almost two years. None of these five teens had been sexually involved with a partner. Two of the five indicated they had **not met the right person** or had not been in a serious relationship and therefore had not had sexual intercourse. One of the males said he had been in a serious relationship for a couple of years but said his **partner was not ready** to be sexually involved and he had no need to push or

pressure her to be more involved sexually. One male and one female indicated that they made a conscious decision to **wait until marriage** for sexual intercourse and attribute the decision to their religious beliefs which promote abstinence until marriage. Although these five indicated they had not had sexual intercourse, they have dated and most have had some experience with some sexual expression including hugging, kissing, and petting above and below the waist. They all had a positive view of sexual intercourse but were waiting for the right person and the right time and for two of them this definitely meant waiting for marriage.

Group B1: Teens Who Had Sexual Intercourse With One Partner

There were five teens interviewed who fit this category. One was aged 15 and in grade 11 and the other four were aged 17 and in grade 12. All lived with two parents although one was in a remarried family and did not see her own father. In all families, both parents worked and a couple of the fathers were away from home on business for periods of time. Most reported fairly good relationships with their parents although one felt her relationship with both parents had been worse during the previous year and all reported there were some areas of their lives they did not wish to discuss with their mom or dad. The teens had between one and three siblings and typically reported being close to siblings as well as having occasional arguments.

All of these young people talked about goals for the future. They all were doing well in school, they had goals for University or College and had careers in mind. Their interests included business, psychology, social work, engineering and law. All but one had aspirations for marriage and a family at some point in the future but they wanted to ensure that they still would be able to meet their career goals. Some wanted to put off marriage until they were financially secure. Marriage could happen during university but it would be important to them to wait to have a family until they were somewhat established in their careers. "Marriage could go during University or after. Kids, after I've started my career, I don't want them first

because I want to be established in the work force" (Sylvia A:267). Stephanie wasn't sure she wanted to be married as she had seen too many marriages fall apart and she wasn't sure she wanted to bring children into the world as it is today.

They said they were also willing to sacrifice some things in order to reach future goals. One of the males was a very good hockey player and was playing serious hockey but realized he couldn't continue with that as well as get high enough marks to continue with his education. He was therefore willing to give up the hockey in order to spend more time with school work. They think ahead and plan for the future. "I've been thinking ahead for awhile you just have to, I mean how can you go through life without setting some goals and having some sort of route you want to go" (Susan A:926).

These teenagers had lots of friends and were involved in a variety of activities, often with groups of friends and sometimes with their boyfriend or girlfriend. For these teens, their relationships began as friendships, having met at school or in the neighbourhood. Their friendships gradually developed into romantic relationships and eventually they became sexually involved. For one girl, she realized that she had avoided getting seriously involved with previous boyfriends she had dated and her current boyfriend was the first boy she had allowed herself to become serious about.

There was only one male in this group and he and his girlfriend were the only couple interviewed together. They were good friends and had been going together for over a year and were the only two in this group who were still going out with the person with whom they had had their first sexual relationship. Two of the other three girls in this group had had sexual intercourse within relationships that had ended prior to the first interviews, and the third girl's relationship ended prior to the last interview. Each had different responses, Sandra who was pregnant hoped she and her boyfriend would get back together again, Sylvia said she would wait awhile before getting into a relationship and she thought it would take a while before she would be ready to be sexually involved, and Stephanie feared the pain of

broken relationships and was hesitant to even enter a relationship. Because of their experiences and reactions, it is necessary to provide some details of the effect of their sexual involvements and the impact on their lives.

Steve and Susan said that as their relationship deepened, their expressions of love developed gradually until they became sexually intimate about five months after they started dating and for them, there was no turning back. To them their relationship was a very significant friendship and sexual expression had become a part of sharing love together. They were concerned about protection although admitted that they didn't use anything the first time. Steve had told her that he was ready whenever she was and, "Like, I wasn't expecting it. She just sort of jumped me. We were kind of fooling around and she just decided to. It was okay, a nice surprise" (Steve A:1655). They used condoms a few times and then Susan got birth control pills as they definitely didn't want an unintended pregnancy. They said they were not concerned about STDs since neither had had a previous sexual partner. Their friendship was very important to them and they supported each other in everyday life and encouraged one another in the pursuit of their future goals. Perhaps marriage would be in the future, but for now they could not financially move out on their own. "We kind of jokingly discussed marriage. I mean, we think we are kind of compatible, but I mean we're kind of putting it off until after University. I wouldn't want to be married and live at home" (Steve A:671).

Sandra had been dating a boyfriend a few months younger than herself and after a short time dating they both thought they were in love. He talked to her about moving in together when they were 16 years of age and it was legally possible. Although they used some protection the first several times they were sexually involved, he eventually told her he didn't believe in birth control and wanted her to get pregnant. She thought he was the person she wanted to marry and although she wasn't always convinced, she said she also often hoped she would get pregnant. Although she and her boyfriend frequently broke up, they always got back together again and at the time she found out that she was pregnant, they were

no longer dating. She said she was hoping that eventually they would get back together again. Her expected delivery date was after the second interview and she said she had decided to keep her baby and raise it with her parents' help.

Sylvia valued the importance of friendship with her boyfriend, "He was not only my boyfriend, but my best friend" (Sylvia B:196). They dated for over six months before becoming sexually involved even though friends told her they couldn't understand how they could have waited so long. At three months she said she was getting a bit scared and asked him bluntly if he was expecting them to be sexually involved. He had told her he didn't want to risk creating problems in the relationship and therefore wanted to wait. Sylvia talked with her Mom about birth control and with her Mom's support went on the pill. Neither had had previous partners so they felt they had good protection from the beginning of their involvement. They had broken up prior to the second interview and Sylvia expressed sorrow since they had been such good friends and had shared so many firsts together; first time in love, first sexual experience and the first time of sharing many inner thoughts and feelings. Although she regretted breaking up, she said she didn't regret anything that happened in their relationship. Although she thought it would take some time before she would want to be involved sexually with someone else, she thought it would be easier the second time because, "It doesn't seem like such a big deal any more" (Sylvia B:500).

Stephanie dated a boyfriend a few years earlier who was popular and she said that going out with him had helped to increase her self-esteem. She said that they loved each other and had learned a lot about themselves and about relationships together. Although initially she said they had both made the decision to be sexually involved, she later said that she felt some pressure from him. After the first month of dating she had told him, "I'm not ready for anything like that at all, but I guess one thing led to another" (Stephanie A:1127). She thought the experience was horrible and cried through the whole thing. Although she had sex again several times during that relationship, she said she always disliked it and

thought that was one of the reasons that they eventually broke up. Although she had some negative feelings about the experiences and no longer liked the boyfriend, she said she loved the memories and was glad that it had been him.

Group B2: Teens Who Had Sexual Intercourse With More Than One Partner

Six teens fit into this group. The two males were in the last or second last year of high school and were 17 or 18 years of age, while the four females were 15 or 16 years of age and in grades 9 through grade 11. All but one male lived at home with two parents and one or more siblings. Mike did not have a good relationship with his mom and his parents had helped him to move out and were giving him some support so he could finish school. In general these teens did not report the same strength of family relationships as Group A and Group B1 and in some cases the teens reported much stress because of the relationships in the home. While friends were important, many friends came from troubled homes and were involved in using alcohol and/or drugs, were at times in trouble with the law, and some had experienced abuse and rape. The males had definite career goals in mind. Max had additional pressure from his parents to make his career goal of prime importance and to ensure that nothing would get in the way of achieving that goal. The females were not as far along in school and their goals were not expressed as strongly, three of them would like to do some type of psychology or social work and the fourth wanted to be a teacher.

At the time of both interviews the two males in this group were seriously involved with only one partner and reported that their relationships and being faithful were very important. One reported having had only one previous partner while the other reported having had three previous partners. None of the four females was seriously dating at the time of the interviews. Although one female reported at the first interview that she had not had sexual intercourse, she had been very close to having sexual intercourse with a boyfriend and this did happen in the

time interval between the first and second interviews. By the second interview, all reported that they had had several sexual partners, (from three to eight). One girl had been sexually abused by her father and had also been raped before she became sexually involved with males of her choosing. For another, alcohol and drugs had been a big influence with regard to engaging in sexual behaviours with many partners. For others, pressure from a partner, passion, and curiosity were influences leading to sexual intimacy.

Both Max and Mike were in serious relationships at the time of the interviews and talked of the importance of being friends with their girlfriends. "She is like perfect, she's my best friend, we have a good time together" (Max A:495). Max's girlfriend was a couple of years younger than he, had been a neighbourhood friend and as they both grew older, their relationship developed into more than friendship and he was sure that he was in love with her. Because of racial differences, her parents didn't want her dating Max, and then when they were in public they had to act as though they were just friends rather than girlfriend and boyfriend. Max had made it clear to her that he was ready to be sexually involved whenever she was ready and he was ready with condoms on a trip together to the mountains when she indicated her readiness. Sexual activity almost every day became a frequent way of expressing their love for each other. Their primary concern for protection was to prevent pregnancy as it could complicate the years of schooling ahead and Max went with her to obtain birth control pills. They did not want her parents to know they were seriously dating or were sexually involved. Max thought his Mother was aware of their sexual activity because, "She tells me she knows we are having sex and it's too loud. I tell her we're not having sex, we are just moving furniture" (Max B:562).

Mike said he felt pressured into his first sexual experience by a girl he did not know very well but was sexually experienced. Pressure from others continued to influence him and he was involved with several other partners, none of whom he knew well. He didn't use any form of protection until he got an STD and that

scared him into being more consistent in the use of condoms. Mike was dating one girl at the time of the interviews and his friendship with her was very important to him and he remained "faithful" to her even when she "cheated" on him.

All four of the females reported a history of troubled relationships and friendship within the relationship was frequently lacking. For most of these females, sexual activity came early in the relationship and frequently was the main or only focus. They discussed wanting something more in a relationship. Friendship and really caring for each other were missing in many of the relationships. "I need a friend before I need a lover" (Martha J:21).

Mary and Marg both fell for real "charmers" and became sexually involved partly out of "love" and partly because of pressure. At the time of the first interview Marg had been involved in a relationship with a male who had previously been involved sexually with several others. Although she indicated during that first interview she was glad they had not been sexually involved, heavy petting eventually led to intercourse before the second interview. Even though she now disliked this boyfriend, she thought their memories were special because it had been her first time. Once she had been involved the first time, it became easier to get involved with other guys. "Now I've been sexually active with quite a few different people" (Marg B:971). There was no commitment in any of her relationships, and neither she nor her "boyfriends" minded if the other went out with someone else or became sexually involved with others. There was also no commitment to protected sex. At the time of the second interview, Marg had a new boyfriend she had been dating for a week and she said it was the first time she felt that she didn't want to be dating anyone else.

Mary's boyfriend had been older than she and she felt flattered with his attentions. He was sexually experienced and he convinced her that having sex would be good for their relationship. She wasn't sure but allowed herself to be convinced. "I was kind of like unsure, I was unsure if I really liked him that much, to give him everything I had" (Mary A:375). Although she had some regrets about

some of her experiences, she at times said she was glad that he had been the first, at other times she said she wished she had not yet had sex. "Now I've had sex with lots of guys in the last year and it makes you a lot more promiscuous after you've done it" (Mary B:233). She had sexual relations with several casual acquaintances and also "gave sex" to an old friend for a birthday present. The boyfriend she had at the time of the second interview was heavily involved with drugs, had a criminal record and had borrowed and not returned money and goods from her. She wanted to break up with him but was afraid she wouldn't get her things back. She thought she had to learn from experience and thought everything that happened to a person could make them stronger.

Molly reported having been sexually abused by her father and raped by others. "I've always been used as a sex object from the time I was about four" (Molly J:896). This made her very confused about her own sexuality and the place of sexual expression in her life. She thought she loved her boyfriend and expressing emotion sexually seemed logical to her. "We both care deeply about each other. I also think it would be nice to finally have sex of my own choosing with someone I cared about and someone that cared about me" (Molly J:204). Although she thought she had "chosen", she later said, "I felt like I didn't have a choice, it was the only way, it's what he wanted" (Molly B:887). During the second interview she said that to truly love someone, "You have to know them intellectually and emotionally, you can't just know them in the way they look or the way they are in bed, there's a lot more to it than that" (Molly B:789). She was confused and knew she had yet to deal with the effects that sexual abuse had had on her life.

Martha thought she was one of the few virgins left in her school and she felt the pressure to be doing what she thought everyone else was doing. "I got to the point where I just wanted to get it over with, but I didn't want to do it with anybody that anybody else knew" (Martha A:1151). Alcohol and drugs played a role in many subsequent sexual encounters. In her journal she wrote that sex was something she did to please. Martha realized that the problem with many of her

relationships was that they were totally based on sex and she didn't really know the fellows personally as individuals and they didn't really know her. She discussed talking to an old boyfriend and discovering that they had some interests in common which came as a surprise to her. After that discovery she thought she would like to get to know him as a friend but she was not sure of his motives because too many guys had previously "sucked up" to her so she would sleep with them. She wrote in her journal that she had been invited to the home of a man 10 years her senior and they were dancing around with very few clothes on. He wanted to have sex with her and she said no a few times and finally got dressed and left. She wrote, "I felt guilty because I had never said no before" (Martha J:). She felt that sex was a disappointment and, "It got to the point where sex really doesn't mean anything. It always was supposed to mean something, but now it's just that dirty thing that you do and you're done" (Martha A:1368). Her dream was to have a relationship with a boyfriend who would really know her and care about her.

Summary

All of the teens were very involved with a variety of activities and friendships and there was a wide range of romantic relationships and sexual involvements. All of them expressed a similar view related to the influences on them from society and community regarding sexual behaviour, recognizing society's acceptance of adolescent sexual exploration and the strong message to use protection when they were involved. All thought they received a similar message through sexual education and also had sufficient practical information to take the necessary steps to obtain protection and contraception when required.

Their family backgrounds differed and some spoke more positively about their relationships with parents and siblings and this was related to teens who had a stronger sense of their own identity. The teens with a strong sense of who they were, what they believed and valued about life, a good sense of their strengths and weaknesses and a commitment to a future direction also had friends with similar

beliefs and values. Friendship was of high value to these teens and their romantic relationships were characterized with strong friendships and if sexual intercourse was involved, it was a part of their relationship and not the primary focus. These teens knew their own position about where and how sex should fit into their relationships and developed relationships with partners who supported their views. They tended to be older at the onset of coitus, had longer lasting relationships and if they were sexually involved were also consistent in their use of protection and contraception.

Teens with a less formed sense of identity tended to have more conflict in the home and difficult relationships with parents. Their friends also seemed to come from troubled homes and together they were involved in more risky behaviours. While friendship was very important to these teens, romantic relationships seemed to develop quickly without a strong friendship foundation. These teens seemed to become sexually involved at earlier ages, sometimes with partners they barely knew, relationships were of shorter duration and their use of protection and contraception was inconsistent. For Sandra and Mike, they were able to confront the consequences of their unprotected sexual activity, deal with the results in a positive way and grow in their sense of identity. Stephanie, although functioning well academically, seemed to withdraw from developing new relationships and while she rationalized that she would be able to study better with fewer friends, worried about being alone in the future. The four females from Group B2 continued to be sexually involved with a variety of partners and seemed to become more confused about who they were and about why they continually got involved in meaningless sexual relationships with fellows they barely knew.

APPENDIX E1

CODES USED FOR THE ADOLESCENT SEXUALITY STUDY

FOUNDATIONAL/ BACKGROUND/ DESCRIPTIVE

FAM: Family - Sense of Family/Description

Parents/ Siblings/ Grandparents/ other relatives
Relationships/ Problems
Relocation/ Moving and living in different cities
Bonding/ Closeness/ Protection

PAR: Parenting Behaviours

Direction giving
Example setting
Living on own
Hands off
Controlling

FRND: Friends

Importance
support for/from
Pressure to conform

SEXED: Sex Education

process, Knowledge - factual
safe sex - role of abstinence
relationships - communication
emotional aspects
birth control/ protection

ACT: Activities/Experiences

sports/ music/ social
peer support counselling
travel/ work
community activities/ volunteering
family - including visiting family - strengthening family ties

SCH: School

grades
counsellor
activities

SEXR: Sex Roles

GOALS: Future

school/career
Marriage/Family

SELF: View of self

self-assessment -expectation of self
self-esteem, self-respect
achievement potential (relate to career type)
adult behaviours
suicide attempt
belonging/ group affiliation

DEC: Decision Making/ Problem Solving

Process
Seeing both sides/ weighing pros & Cons
Compulsive/ Impulsive behaviour/ making choices
Pleasing self/ Pleasing others
to have sex or not - is it something special?

RISKG: Risk behaviours in general

alcohol/ drugs
crime
speeding
company keep/ situations get into

CON: Conflicts & Contradictions

I do and I don't
I always use condoms - I'm dying here, who cares about condoms

STRESS: Stresses/ Worries

"caught, don't know there is a way out"
"Teens have too much to handle. Everyone crying out for help."
at 17, I have my own views
parents don't have anything to offer/ times have changed/ out of date

RESP: Responsibility or lack of

seeing possible consequences
accepting consequences

VALUES AND BELIEFS

INFLV: Influences regarding values in general

religious/ family/ society/ peers etc.

INFLS: Influences regarding sex

religious/ family/ society/ peers etc.

PHIL: Philosophy of life

Includes personal values
Accept what comes
Can't live a sheltered life
Can't influence this age group
Scrapes and bruises add character

LOVE: Thoughts and experiences about love

Being in love - kinds of love

DATING: Thoughts and activities

efforts to get relationship going/ breaking up
Romantic ideas, courtship
codes of behaviour
relationships - past/ present/ future
idea of "whipped" - being owned

SEXUAL ASPECTS

PERS: Personal views about Sex

quality of relationship/ Know person - length of time in relationship
when / where is it OK / Risks/ Protection
Codes of Ethics - re sexual behaviour and activities
No one else's business
sleeping around/ serial monogamy
expectation for faithfulness - "in love"
What does it mean to be in love?
How important is sex in a relationship?
Has sex evolved into some kind of an obligation?
Abstinence not possible due to society, curiosity, & willing partners

SEXOTH: Experiences others have had re sex

PERS1st: 1st time - Initiation

Decision making process prior to first experience
positive/ not positive
rationalize - "worth doing it"
not a great experience with guy - but glad it was him

EFFSEX: Effects of sexual experience

brought us closer - "really tight" - causes attachment
"screws your life" - ruins your future
preg/ abortion/ STDs
embarrassed about behaviour
"sometimes you get drawn"
"once I had sex once, it suddenly became a lot easier"
"cool guys are not always nice"
Confusion emotionally - disappointments

MNG: Meaning of Sex

"giving him everything I had"

RISKS: Risk/ Protection/ Outcomes/ Failures

passion/ love/ alcohol/ drugs
wishing to please/ wanting to be closer and cared for
not able to say no/ fear of person or loss of relationship
being alone or with groups

ABUSE: Violence/ Force/ Abuse

includes reactions/ protecting parents/ protecting image
minimizing the effect/ excusing rape and treatment received

APPENDIX E2

CODES FOR THE THEORY OF ADOLESCENT SEXUAL BEHAVIOUR

The broad process of Being Sexually Active includes the process of Being Sexually Responsible since they are integrally related. Although the two processes are discussed separately in the text for clarity, the various components that are included in the two processes are outlined together here with the codes that were included identified for each category.

CONTEXT (Foundation)

The organizations and structures of society that exert broad influences and create the basis for the general development of adolescents. There are also influences that influence development in the area of relationships and views about sexual behaviours. The broad areas and the codes used in each area include the following.

* **Society**
  - Perception of what is acceptable in society
  - Perception of what others are doing

* **Family (including parenting)**
  - Sense of Family/Description
  - Parents/Siblings/Grandparents/other relatives
  - Relationships/Problems
  - Relocation/Moving and living in different cities
  - Bonding/Closeness/Protection
  - Parenting Behaviours
    - Direction giving
    - Example setting
    - Living on own
    - Hands off/Controlling

* **Peers/Friends**
  - Importance of friends
  - Support for/from friends
  - Pressure to conform
  - Experiences others have had re sex

* **Activities and Risky Behaviours**
  - sports/ music/ social
  - peer support counselling
  - travel/ work
  - community activities/ volunteering
  - visiting family - strengthening family ties
  - Risky activities
    - alcohol/ drugs/ crime/ speeding
    - skipping school
    - Alone with opposite sex overnight
    - Ready but unplanned/ Method of Protection not available

*** School (Including Sex Education)**
grades
counsellor
activities
Progress at school

Sex Education
process
Knowledge - factual
safe sex - role of abstinence
relationships - communication
emotional aspects
birth control/protection

*** Church/Religion**
Religious influence
Spiritual beliefs

COVARIANCE (Intrapersonal):

This includes the variables that appear to have an influence on the processes without being directly related to causation and include the following.

*** View of self**
self-assessment, expectation of self
self-esteem, self-respect
achievement potential
(related to school, career, marriage, family)
adult behaviours
suicide attempt
belonging/ group affiliation
used, should be paid
others can turn to them for counselling since they understand
don't want to ruin their future
family life as a model to how they view same for self
how they see themselves academically
minimizing the effect of abuse
excusing rape and treatment received
feel caught, don't know there is a way out
Teens have too much to handle, crying out for help
I have my own views, parents don't have anything to offer
Philosophy of life/ Motivations/ Beliefs
Accept what comes/ won't happen to me
Can't live a sheltered life
Can't influence this age group
Scrapes and bruises add character
includes personal values and priorities
seeing possible consequences
accepting consequences

*** Relationships, Love, And Sex**

Codes of Ethics - re sexual behaviour and activities
(includes only one person at a time)
Sex - what it should be - what it is
when / where is it OK
Know person - length of time in relationship
No one else's business
sleeping around/ serial monogamy
quality of relationship
expectation for faithfulness - "in love"
What does it mean to be in love?
    Thoughts and experiences about love
    what they see as love
    Being in love - kinds of love
what they view as inappropriate behaviour of others
belief of what you and others should be doing re sex
Risks/ Protection
    Conflicts & Contradictions
    I do and I don't/ close - but not close
    I always use condoms
    I'm dying here, who cares about condoms
    Abstinence, is it possible?

meaning of sex
    giving him everything I had
    role of sex in relationship - right person, time, & place
    How important is sex in a relationship?
    Has sex evolved into some kind of an obligation?

CONTINGENT (Making a decision):

Readiness to make a decision not to become or to become or to continue to be sexually active and sexually responsible is contingent upon all the factors in the model.

*** Making Decisions**

Decision making prior to first experience
preparing to have sex
Process: Seeing both sides/ weighing pros & Cons
Compulsive/ Impulsive behaviour/ making choices
Pleasing self/ Pleasing others
to have sex or not - is it something special?

CONDITIONS (Situations):

Situations that the adolescents find themselves in or choose to be in that effect their not being or being sexually active and sexually responsible and include the following.

*** Dating situations (groups or alone)**
efforts to get relationship going
breaking up/ seeing each other
Romantic ideas, courtship - someone who cares
codes of behaviour
relationships - boyfriend/ girlfriend
idea of "whipped" - being owned
includes pressures - make the relationship work

*** Friends**
company keep/ situations get into

CAUSE (Reasons and Accounts):

The reasons and explanations or the adolescents' accounts of their activity or what they perceive as anticipated consequences to being sexually active. The areas and codes include the following.

*** Reasons to wait**
meet the right person
wait until marriage

*** Reasons to be sexually involved**
love / passion/ alcohol/ drugs/ heat of the moment
feeling loved
pressure (stress) - abuse

be like everyone else; get it over with
curiosity
prove self
wishing to please
wanting to be closer and cared for
not able to say no/ fear of person or loss of relationship

*** Reasons to be or not be sexually responsible**
Fear of pregnancy and STDs
Desire for a child
Can't happen to me

CONSEQUENCE (Results):

The results of the adolescents being or not being sexually active and sexually responsible include the following areas and codes.

*** Positive**

Group A teens who had not been sexually active were free to get on with other things and reported no negative consequences.

The couple from Group B1 who were still dating felt that expressing their love sexually was an important part of their love and friendship. They reported no negative consequences.

brought us closer - "really tight" - causes attachment

*** Negative**

The four females from Group B2 seem to be so absorbed with concerns related to sexual activity that it absorbed a great deal of their time, thought and energy.

screws up your life - ruins your future/ regrets
preg/ abortion/ STDs - embarrassed about behaviour
once I had sex once, it suddenly became a lot easier
addiction, can't not have it once you have started
cool guys are not always nice
Confusion and emotional stress - disappointments
effect on family relationships
expectation of others to have sex with the person

*** Mixed**

positive/ not positive - want to get it over with
rationalize - worth doing it
not a great experience with the guy - but glad it was him